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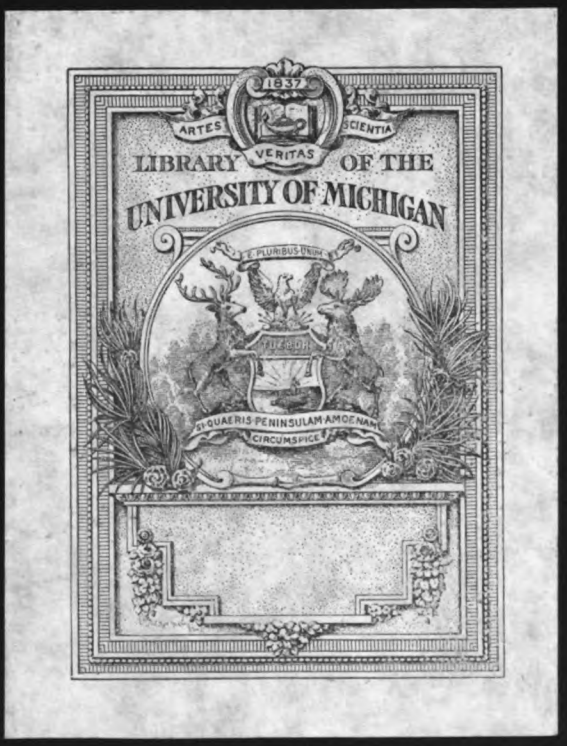
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TRANSACTIONS

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE STATE BOARD OF HEALTH.

ORGANIZED 1847—SESSION 1892.

MONTGOMERY, APRIL 12-16, 1892.

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PUBLISHING COMMITTEE.

THOMAS ALEXANDER MEANS, M. D., MONTGOMERY.
RICHARD FRASER MICHEL, M. D., MONTGOMERY.
JAMES REID JORDAN, M. D., MONTGOMERY.

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THE MINUTES OF THE PROCEEDINGS

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

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THE MINUTES OF THE PROCEEDINGS.

SESSION OF 1892.

PROCEEDINGS OF THE FIRST DAY.

MONTGOMERY, TUESDAY, APRIL 12.

OFFICIAL COMMUNICATIONS.

The Association convened in the U. S. Court Room at 11 o'clock A. M., Tuesday, April 12.

The following Counsellors, Delegates, Health Officers, members of county societies, and visitors from other states, appeared and registered:

GRAND SENIOR COUNSELLORS.

ABERNETHY, WILLIAM HENRY, Tenela, Monroe county.
BALDRIDGE, MILTON COLUMBUS, Huntsville, Madison county.
BROWN, PUGH H., Troy, Pike county.
BRYCE, PETER, Tuscaloosa, Tuscaloosa county.
CASON, DAVIS ELMORE, Ashville, St. Clair county.
COCHRAN, JEROME, Mobile, Mobile county.
CROSS, BENJAMIN FRANKLIN, Decatur, Morgan county.
DUBOSE, WILDS SCOTT, Columbiana, Shelby county.
FURNISS, JOHN PERKINS, Selma, Dallas county.
FLETCHER, RICHARD MATHEW, Huntsville, Madison county.
GAINES, VIVIAN PENDLETON, Mobile, Mobile county.
GASTON, JOHN BROWN, Montgomery, Montgomery county.
HAYES, ROBERT HUGHES, Union Springs, Bullock county.
HOGAN, SAMUEL MARDIS, Union Springs, Bullock county.
HOPPING, DANIEL STILES, Letohatchie, Lowndes county.
JACKSON, ROBERT DANDRIDGE, Summerfield, Dallas county.
JONES, CAPERS CAPEHART, East Lake, Jefferson county.
KENDRICK, WILLIAM TOULMIN, Montgomery, Montgomery county.
MCKINNON, JOHN ALEXANDER, Selma, Dallas county.
MCKITTRICK, ADAM ALEXANDER, Evergreen, Conecuh county.
MEANS, THOMAS ALEXANDER, Montgomery, Montgomery county.
MICHEL, RICHARD FRASER, Montgomery, Montgomery county.

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PRINCE, FRANCIS MARION, Bessemer, Jefferson county.
PRITCHETT, JOHN ALBERT, Hayneville, Lowndes county.
ROBERTSON, THADDEUS LINDSAY, Birmingham, Jefferson county.
SANDERS, WILLIAM HENRY, Mobile, Mobile county.
SEELYE, SAMUEL DIBBLE, Montgomery, Montgomery county.
SHOLL, EDWARD HENRY, Birmingham, Jefferson county.
THIGPEN, JOB, Greenville, Butler county.
WEBB, ROBERT DICKENS, Birmingham, Jefferson county.

SENIOR COUNSELLORS.

BALDWIN, BENJAMIN JAMES, Montgomery, Montgomery county.
BRAGG, SHIRLEY, Lowndesboro, Lowndes county.
BROCKWAY, DUDLEY SAMUEL, Livingston, Sumter county.
FRANKLIN, CHARLES HIGGS, Union Springs, Bullock county.
GOGGANS, JAMES ADRIAN, Alexander City, Tallapoosa county.
HUGGINS, JACOB, Newbern, Hale county.
INGE, HENRY TUTWILER, Mobile, Mobile county.
JAY, ANDREW, Evergreen, Conecuh county.
KENDRICK, JOEL BEDER, Birmingham, Jefferson county.
KENDRICK, JOEL CLOUD, Greenville, Butler county.
NOLEN, ABNER JACKSON, New Site, Tallapoosa county.
SEARCY, JAMES THOMAS, Tuscaloosa, Tuscaloosa county.
SLEDGE, WILLIAM HENRY, Mobile, Mobile county.
SMITH, DANIEL EDGARLY, Mobile, Mobile county.
STOVALL, ANDREW MCADAMS, Jasper, Walker county.
TRENT, POWHATAN GREEN, Rock Mills, Randolph county.
WARD, HENRY BASCOM, Cuba, Sumter county.
WHALEY, LEWIS, Birmingham, Jefferson county.
WHELAN, CHARLES, Birmingham, Jefferson county.
WILKERSON, WOOTEN MOORE, Montgomery, Montgomery county.
WILKINSON, JAMES ANTHONY, Flomaton, Escambia county.

JUNIOR COUNSELLORS.

BINFORD, PETER, Somerville, Morgan county.
CROOK, JOHN MARTIN, Jacksonville, Calhoun county.
DARBY, JOHN ISAAC, Columbia, Henry county.
GOODE, RHETT, Mobile, Mobile county.
HILL, LUTHER LEONIDAS, Montgomery, Montgomery county.
HUDSON, WILLIAM HENRY, La Fayette, Chambers county.
LEGRAND, JOHN CALHOUN, Anniston, Calhoun county.
PURDON, JOHN EDWARD, Cullman, Cullman county.
REDDEN, ROBERT JAMES, Sulligent, Lamar county.
ROBINSON, CHRISTOPHER AMERICUS, Huntsville, Madison county.
TOOL, BARCLAY WALLACE, Talladega, Talladega county.
WHEELER, WILLIAM CAMP, Huntsville, Madison county.
WILKERSON, CHARLES A., Marion, Perry county.

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DELEGATES.

Autauga County Medical Society—Walter Jay Bell, Prattville.

Barbour County Medical Society—Samuel Augustus Holt, Eufaula.

Bullock County Medical Society—Samuel Calvin Cowan; Henry Mitchell Hunter, Union Springs.

Butler County Medical Society—Francis A. Thigpen, Greenville.

Calhoun County Medical Society—William Buchanan Arbery; John Howard Murfee, Anniston.

Clarke County Medical Society—Gross Scruggs Chapman, Jackson.

Colbert County Medical Society—James Marion Pinkston, Sheffield.

Coosa County Medical Society—Julius Jones, Rockford.

Crenshaw County Medical Society—William Henry Coston, Leon.

Cullman County Medical Society—Edward Purdon, Cullman.

Dale County Medical Society—Robert Franklin Harper, Ozark.

Dallas County Medical Society—Edward Burton Ward, Selma.

DeKalb County Medical Society—Edward Pierson Nicholson, Valley Head.

Elmore County Medical Society—James Augustus Howle, Jordan; William Allen Huddleston, Wetumpka.

Escambia County Medical Society—Stephen Cary Henderson; John Elijah Martin, Brewton.

Etowah County Medical Society—William Sterling Edwards, Gadsden.

Fayette County Medical Society—Thomas C. Morton, Fayette C. H.

Hale County Medical Society—Reuben Henry Dugger, Gallion; Rufus Jackson Griffin, Carthage.

Henry County Medical Society—John Robert Graves, Dothen.

Jefferson County Medical Society—John Thomas Chapman, Bessemer; Robert Neal Ramsey, Thomas.

Lamar County Medical Society—William Locke Morton, Vernon.

Lee County Medical Society—Charles Lee Crawford Atkeson, Notasulga; William Calvin Hanson, Marvyn.

Madison County Medical Society—Louis Mills Seddons, Gurley.

Marengo County Medical Society—Robert Beall McCants, Faunsdale; Bryan Watkins Whitfield, Demopolis.

Marshall County Medical Society—Thaddeus Alonzo Casey; Phocian B. Lusk, Guntersville.

Mobile County Medical Society—William Richard Jackson; Samuel Rutherford Oliphant, Mobile.

Montgomery County Medical Society—Robert Sommerville Hill; Isaac La Fayette Watkins, Montgomery.

Morgan County Medical Society—Samuel Lile New, Decatur.

Pickens County Medical Society—V. Lovall, Gordo.

Pike County Medical Society—Charles McSwean, Brundige.

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Shelby County Medical Society—John Harford Williams, Columbiana.

Sumter County Medical Society—Samuel Patton Hand, Coatopa.

Talladega County Medical Society—George Armstrong Hill, Sylacauga; James Daniel McCants, Talladega.

Tallapoosa County Medical Society—John Wiley McClendon, Jackson's Gap.

Tuscaloosa County Medical Society—Joseph Lewis Fant, Tuscaloosa.

Walker County Medical Society—Charles Beaufort Jackson, Horse Creek.

HEALTH OFFICERS.

Autauga County—Walter Jay Bell, Prattville.
Bibb County—William Frederick Black, Blocton.
Bullock County—Samuel Calvin Cowan, Union Springs.
Butler County—Joel Cloud Kendrick, Greenville.
Conecuh County—Adam Alexander McKittrick, Evergreen.
Coosa County—Albert James Peterson, Hanover.
Dale County—Robert Franklin Harper, Ozark.
Dallas County—Edward Burton Ward, Selma.
Escambia County—James Lawrence Bass, Brewton.
Greene County—William Thomas Pierce, Knoxville.
Hale County—Jacob Huggins, Newberne.
Lowndes County—Shirley Bragg, Lowndesboro.
Macon County—Charles Lee Crawford Atkeson, Notasulga.
Marshall County—Phocian B. Lusk, Guntersville.
Montgomery County—Pascal Harrison Owen, Montgomery.
Sumter County—Dudley Samuel Brockway, Livingston,
Tallapoosa County—Andrew Jackson Coley, Alexander City.

VISITORS.

Alban, James P., Memphis, Tenn.; Allman, James Edward, Georgiana; Alston, Lemuel Lovett, Orville; Anderson, George S., Auburn; Andrews, Glenn, Montgomery; Ash, John Winston, Springville; Bailey, William C., Knoxville, Tenn.; Ballard, Thomas D., Philadelphia; Bibb, William George, Montgomery; Blake, Wyatt Heflin, Lineville; Bledsoe, Nathaniel Macon, Union Springs; Blue, John Howard, Montgomery; Bowles, James, New Orleans, La.; Brouillette, Pierre Lawrence, Huntsville; Brown, Thomas Jefferson, Pratt Mines; Carson, Shelby Chadwick, Bessemer; Couch, Albert C., Hayneville; Darnell, Benjamin Franklin, Inverness; Davis, Clayton Crawford, Dadeville; Davis, William Elias Brownlee, Rome, Ga.; Dinsmore, David Finley, Decatur; Disharoon, Henry Beauregard, Roanoke; Douglass, James, Montgomery; Drennen, Charles, Birmingham;

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Drewry, John Wallace, Eufaula; Duncan, Charles Kane, Montgomery; Ellsworth, Charles E., Wyeth City; Gaston, Joseph Lucius, Montgomery; Gaston, J. McFadden, Atlanta, Ga.; Gramling, William S., Greenville; Green, Augustus A., Montgomery; Green, Myles J. Montgomery; Grimes, Erasmus Darwin, Fitzpatrick's; Hammond, George Abner, Dothen; Hamner, Harper T., Camp Hill; Harris, John James, Furman; Heflin, Wyatt, Birmingham; Howle, James Augustus, Jordan; Howell, William Henderson, Ramer; Jacobs, Frederick, Philadelphia, Pa.; Jenkins, Luckie Allen, Brookside; Johnston, John Foote, Montgomery; Johnston, Louis Wilber, Tuskegee; Johnson, Marquis, La Fayette; Jones, Andrew Jackson, Highland Home; Jones, Emmet Lee, Florence; Jones, John Pinkney, Upland; Jones, Thomas Warburton, Camden; Jordan, James Reid, Montgomery; Kendrick John A,, Greenville; Killough, James Monroe, Huffman; King, Eugene Asbury, Prattville; Ledbetter, Samuel Leonidas, Birmingham; Lee, Charles W., Clayton; Love, William Joseph, La Fayette; Mangum, William Washington; McCurry, Samuel Joseph, Anniston; McCummin, Norman Henry, Raif Branch; McDade, George Wilkins, Montgomery; Means, Thomas Alexander, Jr., Montgomery; Naftel, Jesse Holmes, Pine Level; Naftel, St. John, Naftel; Norris, John Pinkney, Upland; Parnell, Clarke Nichols, Mulberry; Pearson, Benjamin Rush, Montgomery; Perryman, V. E., Atlanta, Ga.; Phillips, Bernard, Dothen; Phillips, Isaac, Atlanta, Ga.; Pierce, Thomas William, Knoxville; Pratt, Charles Withered, Burnsville; Powell, Charles William, Lowndesboro; Reynolds, William Anderson, Mt. Hilliard; Ritter, Clement, Selma; Robinson, Thomas Franklin, Bessemer; Rushing, Thomas E., Pike Road; Sadler, William Fletcher, Prattville; Seibles, Emmet, Montgomery; Sims, Benjamin Birt, Talladega; Stallings, Thomas Daniel, Hayneville; Stough, Samuel Bluford, Helicon; Stough, Thomas Jefferson, Highland Home; Turpin, Charles W., Marion; Tyson, John R., Montgomery; Walker, Alexander A., Eufaula; Warren, Allen Love, Kowaliga; Warren, Benjamin S., Clayton; Watkins, John Little, Camp Hill; Whiting, Arthur, Montgomery; Wilkerson, William Washington, Marion; Wilkinson, John Edward, Prattville; Wilson, Cunningham, Birmingham; Winchester, Benjamin T., Baltimore, Md.; Wood, Milton LeGrand, Montgomery; Woodson, Lewis Griffin, Birmingham; Wyeth, John A., New York; Wyman, Benjamin Leon, Birmingham.

SUMMARY.

Grand Senior Counsellors	30
Senior Counsellors	21
Junior Counsellors	13
Delegates	47

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Health Officers	17
Members from County Societies and others visiting	94
Visitors from other States	9
Total	231

There were present of ex-presidents: Milton Columbus Baldridge, Huntsville; Peter Bryce, Tuscaloosa; Charles Higgs Franklin, Union Springs; John Brown Gaston, Montgomery; Richard Fraser Michel, Montgomery; William Henry Sanders, Mobile; Samuel Dibble Seelye, Montgomery; Edward Henry Sholl, Birmingham; Robert Dickens Webb, Birmingham. Ex-vice presidents: Shirley Bragg, Lowndesboro; Pugh H. Brown, Troy; Benjamin Franklin Cross, Decatur; Richard Mathew Fletcher, Madison; Daniel Stiles Hopping, Letohatchie; Samuel Mardis Hogan, Union Springs; Francis Marion Prince, Bessemer; Thaddeus Lindlay Robertson, Birmingham; Job Thigpen, Greenville.

Of the Board of Censors and Committee of Public Health: Benjamin J. Baldwin, Peter Bryce, Jerome Cochran (senior censor), Wilds Scott DuBose, John B. Gaston, William H. Sanders, James T. Searcy, Samuel D. Seelye, Edward H. Sholl.

The Association was called to order by the President, Benjamin J. Baldwin, at 11 o'clock A. M., and opened with prayer by the Rev. Horace Stringfellow, D. D., Rector of St. John's Episcopal Church.

President Baldwin now introduced the Hon. John R. Tyson, who, on behalf of the Mayor and citizens, delivered the following—

ADDRESS OF WELCOME.

Mr. President, and Gentlemen of the
Medical Association of the State of Alabama:

On last evening the Hon. John G. Crommelin, the Mayor of Montgomery, finding he would necessarily be debarred the pleasure of greeting you here, requested me to represent him in extending to you a cordial welcome to the Capital City of your State. This city, the home of so many distinguished members of your body, who are among its most worthy and honored citizens, takes pleasure in greeting their associates and friends; this city which owes its freedom from destroying pestilences to the watchful care and unwearying vigilance of your boards of health opens wide its gates to you, the guardians of her physical, industrial and commercial life; this city where was

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nurtured the genius of a Sims, destined to win a fame world-wide and eternal, is glad to have in its midst the members of a profession made glorious by his matchless work. This city, which has contributed the names of Holt and Baldwin and Weatherly to adorn the history of your profession, welcomes you who were the associates of these honored men, are their successors in the glorious work of driving away human pain and alleviating human suffering.

Our people are not unmindful of the fact that your coming together has for its purpose something higher than the mere pleasure of a social gathering, something loftier than the indulgence of the human passion for debate; something nobler than the gratification of selfish ambition and private gain.

They feel that the aim and purpose of your gathering is the advancement of the great science of which you are devotees, the upbuilding and maintenance of the health of the great commonwealth of which you are citizens, the securing by interchange of thought of the best methods and safest appliances for the mitigation of human suffering and the upholding of the highest standard of professional honor and ethics which has always been the mark characteristic of your great profession.

With earnest sympathy in your great purpose, deep interest in the success of your noble endeavor and high appreciation of your unselfish devotion to the "cause that needs assistance and the good that you can do," all our people extend to you a heartfelt and sincere welcome to the city of their pride and love.

It is an admitted fact that in late years in no profession has there been such a marvelous advancement as in yours. John Doe still solemnly sues Richard Roe, when in truth and in fact John Smith seeks to eject Bill Jones from his land, the scholar still seeks to find the paternity of a lost Greek word in musty volumes of forgotten lore, but no doctor now bleeds a patient to stop the flow of blood from a severed jugular vein. One hundred years ago the marvel was that a sick man should get well; one hundred years in the future and the wonder will be that one should die save from old age or mortal wound. The cause for this wonderful advance lies in the fact that each member of your profession seems to be spurred on by a sublime ambition to do something for the profession of his choice; to find some path before unexplored that leads from darkness into light; to plant a new battery in the citadel of health; to invent a new projectile with which to penetrate the armour of disease; and, best of all, to lead his brethren along the path that he has found; to teach them the efficacy of his chosen weapon and the power of his new found ammunition; to the sole end and for the sole purpose of protecting the health of mankind and assuaging the sufferings of humanity.

These qualities and characteristics of your great profession are known and admired of all men. In recognition of them the people of

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Montgomery open their homes and hearts to you, and give you the freedom of their city, and join me in the earnest hope that your deliberations may be of great benefit to you as individuals, and may redound to the interest and honor of your Association.

I sincerely trust that the chill of your arrival may soon pass away into the fever which the cordiality of our welcome will produce, and that we may be enabled to administer to you while here such potent draughts and wholesome diet that you will each and all return to your homes with naught but pleasing recollections of the medical treatment you received in Montgomery.

Dr. JOHN B. GASTON, President of the Medical and Surgical Society of Montgomery, then welcomed the Association on behalf of the Society, in the following words:

Mr. President and Gentlemen:

Associated and organized intellectual effort such as that in which you are engaged, is eminently characteristic of modern times. Literature and art, philosophy and science and especially social science have been slow to learn that in union there is strength. Never before, so far as I am informed, have doctors associated and organized for the avowed and real purpose of protecting the public, and incidentally and only incidentally of aggrandizing the profession itself.

It, therefore, gives me great pleasure to welcome this Association as a signal and unique illustration of the growth, power and usefulness of a profession organized on these lines and with these objects kept unwaveringly in view.

In its beginning, the Association, so far as numbers were concerned, was strikingly insignificant. At its first meeting in Selma in 1868, only seventeen doctors assembled. They were few, but some of them had the skill of a Jethro and the spirit of a martyr within them. Jerome Cochran was there. Need I say more? Panegyric can not add to the lustre of his reputation with you, nor exaggerate the value of his services to this Association. Mabry and Ross and Riggs—all now dead—were there. Peterson and Michel were there, and still working and loyal to the Association are with us here to-day. McDaniel, sturdy and honest and Scotch to the backbone, yes, he was there; and though withdrawn from active duties amongst us, toiling on for science, shows

> "How far the gulf-stream of our youth may flow
> Into the Arctic region of our lives."

This Association never has been and never was intended to be, in any exclusive sense, a school of medicine. It had its lesson to teach but a great part of them was not embraced in the science of the schools. Until 1879 the State had never appropriated nor had it felt the need

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or obligation to appropriate one dollar to protect the people from much unnecessary pecuniary loss and grief and misery and death inflicted by avoidable disease. Here was a field for reformation; and the Association with the dauntless spirit of a missionary, undertook the work. No one prior to this time had definitely grasped, and formulated the proposition, that the obligation to protect the persons and property of the people from the baleful and destructive effects of sickness and death, rests upon precisely the same ground and is just as binding on the general assembly as the obligation to protect their persons and property from the assaults and destruction of wicked and lawless men. Nevertheless this proposition, long overlooked by doctors and until recently little understood by the general assembly, is the key to the argument on which all the health laws of the State have been constructed.

It would be interesting to mention some of the more important measures which you have originated and championed to success, but time forbids. Suffice it to say, that you have never given the slightest encouragement to any proposition looking solely to the benefit of doctors. The charge of working for their own interests might be brought with as much justice, against the most disinterested and patriotic body that ever assembled in yonder capitol, as against the members of this Association. By acquitting himself well as a representative, the assemblyman does honor to himself as an officer and an individual and shares in the aggrandizement of the State which follows his faithful discharge of duty. So, too, the good works of the members of this Association do follow them.

Mr. President, the society which I have the honor to represent here to-day, is older than the body over which you preside. We were present by our representative in Selma in 1868. We looked on with a feeling somewhat akin to curiosity at the birth of this Association. We watched with deep interest the evolution and progress of its youth; and we have witnessed with pride, with just pride we hope, the singleness of purpose and the noble work of its maturing manhood.

Standing here, to-day, in the room of a court which represents in Alabama, the prestige, power and protection of a great government; in the capital of a State peerless in industrial resources and progress, amongst its sister Southern States; and representing a body which claims a share in the glory of your achievements, I, or rather the Society which I represent, welcomes you with all the cordiality of an honored host, with the love and veneration of a loyal son.

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THE ANNUAL MESSAGE OF THE PRESIDENT,

BENJAMIN JAMES BALDWIN, M. D., MONTGOMERY.

Senior Counsellor and member of the Board of Censors and Committee of Public Health of the Medical Association of the State of Alabama.

To the Counsellors and Members of the Medical Association of the State of Alabama:

It is proper that we should be impressed with feelings of gratitude to Him who "ruleth all things" that we are permitted to meet again under such favorable auspices, for the purpose of scientific communion. It is proper, also, that I should express to you my profound gratification for the honor you have conferred upon me in selecting me as your presiding officer. I regard it as the greatest distinction of my life to have been considered worthy to occupy this position. Some of my predecessors have attained the highest professional eminence, and their fame is the property of the nation. In every instance, they have been men of honor and usefulness, and it is with due appreciation of this fact, that I approach the duties that devolve upon me, and engage in discussing the problems of the hour with no little embarrassment.

The domain of medicine is replete with important themes for discussion, and the advancement in our science has been so great that volume upon volume could be written upon it; but in this connection, I will only claim for its labors, results equal to those of any other department of scientific and practical research. At no time in the history of medicine has the professional mind been more active in delving in the mysteries of nature, or more successful in bringing to light gems of scientific truth from the regions of physiology,

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pathology, chemistry and practical medicine. But I think, that every candid and philosophic mind that has studied the history and observed the progress of medical science in the last twenty-five years will be satisfied, without argument on my part, that we have in a remarkable degree combined "earnestness of research into the value of new theories and novel remedies with a wise and cautious reserve as to their adoption and application." We have illustrated the possibility of the union of progress and conservatism, and as students of nature, we stand ready to put under contribution every part of her wide domain and draw from her ample store-house, whatever can add to the happiness, or contribute to the health of mankind. That our profession has been true to its high and noble calling, that it has deeply felt and wisely pondered its responsibilities to itself and its obligations to society, can not be controverted. In looking back over the past quarter of a century and tracing the progress of science, the march of intellect and the triumph of mind over matter, we are lost in amazement and bewildered by the very splendor of the view that meets us on every hand. And in all this progress, in all these splendid triumphs, in all that tends to enoble human nature, to elevate human character, to correct physical evils, and lessen human suffering, our profession has always borne a prominent and leading part.

If the next quarter of a century shall witness in the science of medicine a progress as rapid, discoveries as important, and improvements as striking, as have marked that which we have just left behind us, we shall richly deserve the thanks of the world and the gratitude of posterity.

But I do not care to transgress the rules of the Association; and our Constitution and By-Laws provide, that the annual message of the "President shall be strictly devoted to the discussion of the interests, objects and business of the Association and not to the scientific discussion of some sub-

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ject belonging properly to practical medicine or public hygiene considered as departments of human knowledge."

Asking your kind indulgence and patience, I will proceed to review the work of the Association for the past year, and will give you in as brief a way as possible an account of my stewardship.

DUTIES OF THE PRESIDENT.

Page 30 Book of Rules:

Sec. 1. Be it ordained "that in the appointment of the regular reporters authorized by the Constitution of this Association, the President shall in all cases expressly designate the subject upon which each and every reporter is appointed to write."

I consider the enforcement of this article extremely difficult. It does no harm for the president to make every effort in his power to secure papers on subjects designated by him, but, in my opinion, as a rule capable of being enforced, it is impracticable.

SESSIONS OF THE ASSOCIATION.

The By-Laws of the Association fix the hour of convening the session on the first day at 12 m. In some cities, owing to the time of arrival of the trains this hour is early enough; in others, though, I think we should meet as early as 11 a. m. My reasons are, that we do not generally finish the business of the first day before adjournment; that the sessions continue until about 3 p. m., or after, and then many withdraw from the meeting in order to get dinner, frequently leaving but a small attendance to transact important business. The hour for convening the session of the first day was placed at 12, in order to give plenty of time for registration, but if this part of the business was attended to outside of the hall, as I suggest, there would be no necessity for waiting on this account. I consider the gain of an hour, when circumstances will permit, an important gain. Each day has business of

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its own, and I think we should make an effort to have the daily program followed in such a way as to secure the completion of the business for each given day. The second day of the session is devoted to the reading and discussion of the regular reports and such miscellaneous business as may arise. I consider that discussion of the regular papers should be the most interesting feature of the meetings, but discussions of the regular papers are rare, and I think in this way we compare most unfavorably with any other medical association I have attended. These papers should be discussed just after being read. The titles are published a year in advance for the sole purpose of giving the members an opportunity to think over them, and the discussions under the circumstances should be full, interesting and instructive. This is not the time, or place, for long or tedious talks, but a general, spirited, and terse discussion would add much to our meetings. In order that these discussions might be promptly started, it would possibly be well for the President to appoint a number of suitable leaders on the various subjects who would serve to stimulate and give movement to the debate. If these papers are not discussed immediately after they are read, they will not be discussed at all. I think that the time could be spent much more profitably discussing regular, than volunteer papers.

The evening session of the second day has hitherto been devoted to the discussion of the law for the collection of vital statistics. The "vital statistics" law is very important. "It is important in itself, in its immediate practical aim, and it is still more important in the influence it is destined to exercise in the future power, prosperity, influence and usefulness of all medical and health organizations."

While the law for the collection of vital statistics is poorly administered in some parts of the State, yet, upon the whole, I think we have cause for congratulation. This is confessedly the most difficult of all laws to administer.

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Numerous obstacles stand in the way—notwithstanding we have made much progress, and this through the untiring perseverance of one man. Alabama was selected by Major Billings of the United States Army, and Superintendent of the section of vital statistics in the Eleventh Census, as the State on which he would base a part of his statistical report in the last United States Census, and on October 12th, 1891, Mr. T. L. Hoffman of Richmond, Virginia, who is engaged in the difficult task of obtaining reliable vital statistics of the Southern States for the use of life insurance companies, wrote: "No health reports from any State North or South that have come to my hand possesses as much valuable material as the report of the Alabama Board of Health." This is high praise and indicates what other people think of us.

The technical administration of the medical laws of Alabama has been wisely and systematically executed, and the foregoing testimony is only one among many evidences of their successful application. As I have said before, I repeat, that I have yet to see an organization of medical men whose laws are regulated with more system and order than our own.

It is important that we should exercise a governmental direction over the medical profession of the State, but that function has been so thoroughly established, I think we can now devote more time to the cultivation of the science and art of the practice of medicine. To be candid, I do not think the Medical Association of Alabama has done that amount of scientific work that the world has expected of her. She reigns supreme in the governmental department, but not in the scientific. It would avail nothing to discuss the reasons which have heretofore demanded so much time in the matter of business and routine. "To construct out of the scattered members of our profession a powerful organization, and through this organization to secure concert of action and the prevalence of wise and prudent counsels,"

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was a mission which required resolute, systematic work and thorough discipline. The Association could not have executed its plans, or developed its purposes except under the rules of the present organization. But now since our machinery is running smoothly, and the questions to be discussed concerning vital statistics have been gone over so frequently, the evening session of the second day might be more profitably spent in the discussion of medical papers, etc.

The thought comes to me, that it might prove interesting and profitable to have this night session set aside for the exhibition, demonstration and discussion of pathological specimens,—with the report of cases. Many of our members live in remote parts of the country where they do not have opportunities for making post-mortem examinations, or of seeing pathological specimens. If the available material in the cities could be brought together, I am sure this exhibition would result in some good. The practical demonstration of pathological specimens is an important and valuable method of instruction, and one which is neglected in Alabama. If this plan cannot be developed, then I would suggest that the time be spent in the report of cases. These reports would assume a kind of running discussion, which, if freely participated in, might be made very entertaining. In the absence of report of cases, voluntary papers might be called for. As a rule, the voluntary papers extend into the session of the fourth day. This, in my opinion, should not be. The fourth day, or as much as may be necessary, should be devoted entirely to the consideration of executive business. The various official reports, and the election of counsellors, censors and officers is ample business for one day. It is not to the interest of the Association to hasten through the important matters that often come up for action in the closing hours; and the election of officers, counsellors and censors should be more maturely considered. Occasionally the closing hours are accompanied by haste

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and confusion and the proper form and ceremony not given to the installation of officers.

REPORT OF TREASURER.

I suggest that the Treasurer be required to report to the Association only the amount received, the amount expended, and his balance; and that he shall read out the names only of such counsellors and county societies as have not paid their dues. The report in detail should then be referred to the Board of Censors, whose duty it is to audit. This will relieve the Society from the unnecessary delay of hearing that Dr. A. had paid five dollars as a delegate and Dr. B. ten dollars as a counsellor; that Autauga County Society had paid ten dollars annual dues, etc. This is all tedious and uninteresting and time-consuming to the general body of the Association.

It frequently happens that the confusion attending the registration and payment of dues leads to a temporary interruption of business and interferes with the good order of the session. I think that this part of the business should be transacted whenever practicable outside of the main hall of meeting, and that a registrar should be appointed for each meeting by the President upon the recommendation of the Secretary and Treasurer, and that this registrar shall assist the Secretary and Treasurer in any other capacity required, and he shall receive such remuneration as the Board of Censors may determine.

SIMPLIFYING THE BUSINESS OF THE FOURTH DAY.

There are many important reasons why the last day's proceedings should in some way be simplified and shortened. It generally happens that Friday's business is completed only by a continuous session, occupying the entire day, and at times extending into the night. Complaints have been made of the length and tediousness of the work at the end

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of every session. I believe there exists an unnecessary minuteness in revising the various rolls. My distinguished predecessor has greatly relieved the Association of the repetition and formality that has heretofore attended the revision of the roll of the College of Counsellors and County Societies. There is another report which, I think, could be shortened without interfering with its business objects. I am aware that this report must contain a review of all work done by the Association during the entire year, and that it must touch upon all medical matters both in the counties and State at large, but I still believe it would be more attentively listened to and more thoroughly read if it were not so voluminous. I refer to the report of the Board of Censors. Just how this report can be condensed, I do not at present undertake to say, and I prefer to leave the question for consideration by that honorable board.

FINANCE.

I am sorry to report that during the past summer the Association sustained a heavy financial loss on account of the failure of Moses Bros. of this city. No blame can be laid to either the Treasurer or Board of Censors, however, for this loss, as, prior to their failure, they were considered strong and reliable, and it was not within ordinary foresight to predict their failure. Just after this failure in July, I called a special meeting of the Board of Censors to consider some plan by which the Association would be able to meet its obligations. Six members of the board responded in person to this call, viz: Doctors Cochran, Gaston, Seelye, Sholl, Sanders and DuBose. After a full discussion of the state of affairs, it was resolved to complete the publication of the minutes of the Huntsville meeting, the Register and the Regular Reports, which, up to that time, had been about half printed. The Treasurer was requested to assume the liability of the publication, and he agreed to do so. If it

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had not been for this most untimely loss, our surplus funds would have been quite sufficient to have enabled us to purchase a lot upon which to begin the erection of the medical library, museum and home for the State Health Officer; and it is my firm conviction that when our funds shall have accumulated sufficiently to enable us to buy this lot, that the building will be sure to follow.

Article 59 of the Constitution requires that every member of the Association shall pay into the Treasury, the sum of One Dollar per year, which amount shall be collected by the County Societies, and shall be sent up at the time of the annual sessions in charge of their respective delegates, and in return for which he is to receive the Transactions, always worth more than twice the amount.

Many of these societies have been negligent in this important duty. It is manifest to everyone that the Association can utilize with good results every dollar that can be collected. Especially is it important since our recent financial loss, that every member should promptly pay this dollar. The suggestion made in the Book of Rules that this annual fee of one dollar be included in the regular annual dues of the County Societies, is the best plan suggested for the collection of this money. When the societies have no annual fee, let them make one. I cannot realize that any physician in the State, who is a member of any county society, would hesitate to pay one dollar per year to the State Association. The sum in itself, is a trifle to each member, and for this reason, they are apt to forget it, unless some special action is taken either to collect the money, or bring the subject to their attention. In the aggregate, this dollar is a valuable consideration to the Association, and it is an honest obligation which should be promptly met. Just preceding this meeting, I sent a circular letter to each County Society, calling attention to the importance of sending delegates and having this annual fee of one dollar for each member ready.

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It might result in some good, if the President or Secretary would every year send a similar circular letter. There is no penalty for not paying these dues, but when the societies are amply able to pay them, and do not, I think a more stringent rule should be adopted to compel them to do so. The Association must have money to carry on its plans and purposes. The more we have, the more we can accomplish. This particular method of raising money, is the most evenly distributed and lightly felt of any plan I know of, and I trust the county societies will give it serious attention.

COUNTY SOCIETIES.

It is deeply to be regretted that a few of our county societies are not doing their work efficiently; especially does this relate to them as Boards of Medical Examiners. The Board of Medical Examiners of a county occupy the most responsible position in the gift of the Society. They should be filled only by the most capable members. A review of some of the papers received by the State Board of Examiners would quickly convince one that some of these boards are very derelict in their duty. The State Board of Examiners is doing good service in endeavoring to bring the County Boards up to a higher standard, but the real remedy may be found only in the moral tone and professional pride and dignity of the physician himself.

Omitting, however, the counties in which this work has been badly carried out, I think there has been a gradual elevation of the standard of qualification.

MEMBERS OF COUNTY SOCIETIES MUST BELONG TO THE SOCIETIES IN THEIR OWN COUNTIES.

Article 61 of section 14, Book of the Rules, reads:

"No one can be admitted or retained as a member of any county society except the society of the county in which he resides."

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This is an inflexible rule to which some exceptions might be made. You will admit that it happens sometimes that physicians in one county will desire membership in another county society. I have received a few letters from physicians to whom I had written asking why they were not members of their county societies, stating that they lived very near the place of meeting of the society of the adjoining county and a long distance from the place of meeting of their own county society; that they had been members of the societies of the adjoining county, and that they had been regular in paying their dues and attending the meetings, but that since they had been compelled by the State Association to resign, they had found it impossible to spare the time to ride so far to attend the meetings in their own county. Now, I am aware that there are some reasons why this Article 61 of section 14 should prevail. I am aware, also, that legal complications might arise in the election of boards of health and county health officers, but any trouble in this connection could be easily regulated by special ordinances. I think the wisest policy for this Association to pursue, is, to make the access into the county societies easy to every honorable and respectable physician in the State. We want them all members of the State Association. We want them to feel that they are bearing a part of the responsibility and sharing in the burden of the work which is elevating the dignity and usefulness of the medical profession. We should recognize the importance of bringing every respectable physician in the State into affiliation and good fellowship with us,—even if we should allow a little flexibility in some of our ordinances.

ILLLEGAL DOCTORS.

This term applies to those members of the medical profession in Alabama who have never received certificates to practice medicine from duly authorized boards of medical

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examiners, but who escaped the penalty of the statute through technicalities. The number of illegal practitioners in the State on the 1st day of April, 1892, was 58.—See Appendix, Table "D." This is not an absolutely accurate list, but it is as correct as could be made at the time. Furthermore, the number of illegal practitioners gradually lessen as they see the folly of living in opposition to that moral force which is directed against all physicians who live outside of the pale of professional courtesy. In my mind, there can be no question that all illegal practitioners under the present acceptation of the term, are clearly ineligible for membership in all regularly constituted medical societies and ineligible as consultants with the members of these societies. They are also debarred the privilege of collecting fees through a due process of law. I can not conceive how any man who has the least spark of pride in his profession, or any feeling of manliness in his breast, can be content to rest under the shadow that must overhang every illegal doctor. I call upon them to come from with-under this cloud. Stand your examinations, I say, and if you fail, go to work like men and prepare yourselves so that you *can* pass. Then you may live in full accord and harmony with the laws of the land, and in an honorable manner seek that professional courtesy which is due every dignified and useful physician. The community will respect you more, and you will the more respect yourself.

REPORT OF CONTAGIOUS DISEASES.

Section 1282 of the Civil Code of the State of Alabama, reads:

"It is the duty of every physician, attending or treating any case of pestilential or infectious diseases within such time as may be prescribed by the county board of health, to make full report thereof to the county health officer, specifying the name of the patient, locality, &c."

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I know of no medical law more useful to the public welfare, and yet I am ashamed to say that I know of no law which is so inadequately and irregularly enforced. The supervision of the public health and the guarding of the community against the invasion of contagious diseases is one of the most serious responsibilities of the county boards of health. Yet through professional jealousies, or fear of wounding the patient's family or friends, the law requiring physicians to immediately report all cases of contagious or infectious diseases, becomes in some localities inoperative. This Association should insist on this rule being enforced by the local boards of health, and it would be well for these boards, whenever there is danger of an outbreak of contagious or infectious diseases, to issue letters of instruction to the public, telling how "infection may be avoided or prevented, and the management of cases already infected, and the limiting of the progress of the epidemic." The lives of hundreds of children might be saved yearly if mothers and fathers understood how and when to enforce home quarantine in cases of diptheria, scarlet fever, etc. Then again, the county boards of health could more efficiently exercise that important supervision over the alms houses, jails, public schools, etc., reporting the conditions to the proper county officials. In this way, the people would become impressed with the importance of sanitary regulation and would demand the proper financial support for the county health officers. The public must see the result of the work, and when they realize that something has been accomplished, they seldom fail to acknowledge it in the manner desired.

If the county boards of health wish the county commissioners to grant a reasonable remuneration for their sanitary supervision, they must perform the proper services and manifest some interest in investigating the sanitary conditions and management of such public institutions as properly come under their supervision. There are many ways in

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which county boards of health may be useful, and it behooves them to study carefully the public needs. This they cannot do unless they meet oftener and examine and discuss the medical matters of the county requiring their attention.

I think it would be to the interest of all, if the city and county health officers could be combined. In some counties in which there are large towns and cities, there is a health officer for the city and a health officer for the county. If these two offices could be combined, it would frequently result in securing a more efficient officer on account of increased remuneration.

DELEGATES.

It is the duty of delegates to be in attendance upon the sessions as regularly as possible and be prepared to make such reports concerning the condition of their societies as may be required under the rules of this Association. Delegates are frequently careless about their duties, and besides attending the sessions of the Association very irregularly they leave for home before the reports of the county societies are called for. Furthermore, it is important that the delegate should attend regularly the various sessions in order that he may be able to give an intelligent account of the meeting to his society on his return. The county societies can keep in harmony with the general work of the Association if their delegates will take the trouble to give them a full account of the proceedings of the meetings.

WHAT THE ASSOCIATION HAS ACCOMPLISHED.

Have you ever reflected over the wonderful growth of this Association, and what it has accomplished? If not, let us go back to the third day of March, 1868, in that beautiful old city of Selma, when there met in the hall of the Chamber of Commerce, pursuant to a call issued by the Selma, Greensboro, Mobile and Montgomery Medical Societies, just twenty physicians. A civil war had brooded over

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the country since last it met and death had sadly thinned the ranks of its members. Among those present, there were only six who had belonged to the Association before this devastation of sorrow and trouble had broken its meetings. But they, with the handful around them set out by affirming, that, "We, the members of the Medical Association of the State of Alabama, here assembled, do revive, and re-establish said Association, and invite the physicians present who are not members to join us in so doing, and to become members of the Association." Nominations for the various offices were made and the officers elected. A committee of five was then appointed to revise the Constitution and By-Laws and report such modifications and amendments as might be required.

Right here began the development of the plan which has made the Medical Association of the State of Alabama the pride of every just thinking medical man in the State, and an honor and glory to the profession. Its general plans and methods have been emulated by some and admired by all similar state organizations. In reviewing the history and work of this Association, we are necessarily reviewing the history of one of its most useful and eminent members, (Jerome Cochran). It is admitted, that through the chairman of this Committee on Revision of Constitution and By-Laws came the suggestion of those plans which have increased the usefulness and power, strengthened the dignity and influence, and developed the system and order of this Association. Passing from chairman of the Committee on Revision of the Constitution, he became secretary; working in this capacity for a number of years, he applied all the forces of his nature to the development of this great plan. Gradually the Association broadened and widened into prominence and greatness; important and useful functions were granted it by the law-makers of the State. A general was needed to organize a corps for the administra-

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tion of these laws and to supervise their application and enforcement. The man who had laboriously, persistently and untiringly builded the Association, step by step, to a position where it was able to undertake the administration of the laws entrusted to it, was the only man to place at its head. Gratefully and gladly was the Secretary elevated into a more important position and great has been the reward reaped by this promotion. I hope you will pardon the personality of this allusion, but I feel that this retrospect would not be a faithful review were I not to dwell upon the work of one man. Look back through whatever vista you will, but you must recognize the value and usefulness of that invincible old guardian who watches with untiring zeal and energy and self-sacrificing devotion, every action, yea. every breath of this Association. It is his development, and I feel that I do not take one tittle of praise from those honorable and dignified physicians who have rendered much valuable assistance to the old watch-guard on the tower, and I believe they would not have me say less, when I proclaim this Association *his monument.* A monument not builded of useful labor, founded in the minds and hearts of his professional co-workers, and I believe of an appreciative people.

Let us now examine the record to see just what has been accomplished by the Association under its present plan of working in the last twelve years. I select the last twelve years as a basis upon which to formulate my tables, because this period covers the time during which the Association has had the administration of important laws granted it by the General Assembly.

Table in Appendix marked "A," is a complete (it may not be absolutely correct) summary of the work done by both the County and State Board of Medical Examiners from 1879 to 1891.

I shall dwell in this connection only upon the work of the Association as a board of medical examiners.

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MEDICAL EDUCATION.

Our boards of medical examiners, operating under rules and regulations of the Medical Association of the State of Alabama, are the only safeguards of the community against the impositions of ignorance, stupidity and recklessness. It is perfectly proper that the State should demand a test of medical qualification. Engineers and pilots have to undergo careful and thorough examinations in order to satisfy the government and the people that they are competent to perform the duties intrusted to them. Why then should not doctors be examined? Certainly an ignorant physician is far more dangerous than either an incompetent engineer or pilot. In fact there is no profession or trade in which one can more completely disguise and conceal his ignorance than in medicine. I feel I cannot express the conditions incident to these circumstances more forcibly than to quote the language of my uncle, Dr. W. O. Baldwin, in his presidential address before the American Medical Association in New Orleans, in 1869, on Medical Education: "Next to the minister of the gospel, the physician appeals to the sentiments of the public mind, and particularly to those sympathies which are least inclined to make close examinations of pretensions. The atmosphere in which he moves is adverse to keen criticism, the circumstances of anxiety, and of sorrow, as well as the feeling of dependence under which his professional skill is sought, indispose families to scrutinize his ability, and he is usually accepted with implicit reliance. Society has no redress at the hands of physicians themselves, since their lips are sealed as to censuring comments on the practice of their professional brethren. Two physicians may receive diplomas from the same or different colleges—one may be highly intelligent, the other grossly ignorant. Yet they stand before the community as equally learned and equally authoritative. Through a pleasing and artful address, the ignorant brother may outstrip his more

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competent rival in acquiring the confidence of the community. The latter may witness daily the gross and even fatal blindness of the former, yet, under the creed of common courtesy recognized by society, as well as the Code established by ourselves, it would be unwise for him to attempt to expose the ignorant and weaker brother." Here comes in the majesty of the law executed by this Association and says, that your homes, your tenderest sentiments, your social happiness, and earthly well being *shall* be protected against the evil work of ignorance, and if the medical colleges will not shield you from the mischief of empty brains, we will intervene and demand a better preparation. The Medical Association of the State of Alabama to-day is doing more to elevate the standard of medical qualification than all the medical colleges in America (with but few exceptions); and I propose to substantiate this statement by reciting the fact that ninety-eight and one-half per cent. of the applicants before the county boards for license to practice medicine were college graduates. Only two of the 88 rejected were non-graduates. It must be admitted, however, that some of our county boards of medical examiners are careless and negligent in their duties, but I am confident they will improve in the course of time. The class of doctors that have been admitted into practice in this State for the past twelve years have possessed better qualifications, and we will reap the benefit of this leaven more and more every year. I cannot refrain, under this head, from calling attention to the county of Jefferson. From 1878 to April 1891 there have been examined in Jefferson county ninety-six applicants for license to practice medicine. Out of this number twenty-eight have been refused certificates, or 29.07 per cent. Some who are disposed to sneer might say that this was done to keep the overflow of doctors out of Birmingham and Jefferson county. I deny this imputation. Those who know the members of the Jefferson County Board personally,

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would not for one moment impugn or question their motives. I know that their examinations have been conducted impartially and with fairness and justice to all. An elevated and dignified interest has inspired them to act not only with justice, but without fear in doing their conscientious duty to their society and to the people of their community. I hold up the Jefferson County Board as worthy of emulation, and as deserving the greatest praise.

MEDICAL COLLEGES.

The subject of the education of doctors is one of the important problems that this Association has to deal with. From economical and other reasons, most of the applicants in this State for the practice of medicine are graduates of Southern medical colleges. Now, on this subject of colleges, I am going to talk plainly.

It is to be regretted that the position of most of the Southern and Western medical schools is not at all creditable to the profession or the cause of medical education. Their standard of graduation is low, the preliminary requirements amount to nothing, and the time for instruction is entirely too short. The argument of the Southern and Western colleges is, that they cannot afford to lengthen the time and require three courses of lectures, because they would lose their students. Better by far lose every student than to manufacture incompetent doctors and turn them out to prey on the weak and innocent. If all the colleges would agree to demand a three years course, however, they would lose none of their attendance.

All of the Eastern and a few of the Western colleges have lately entered into a compact to make the course three years and require preliminary examinations.

Why cannot our Southern schools do likewise? I think it is the duty of this Association to reiterate every year its firm conviction in the necessity for higher medical education,

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and to exert its influence to persuade all Southern schools, at least, to adopt the three years course with preliminary examinations. The law of Minnesota requires that all applicants for license to practice medicine shall have attended three courses of lectures of at least six months each before they are even eligible for examination. This is a commendable move to elevate the doctor in the West and give the people better medical services. The reasons for higher medical education are too vast and potent to demand any explanation or defense in this day, and the time is coming, and that very soon, when the people will force these low standard schools to a higher plane, or reject the products of their teaching as unworthy of confidence and unfit to receive the sanction of license to practice. I submit a table showing the number of graduates of the Northern, Southern and Western medical colleges who have been examined in Alabama since 1878.—See Appendix "C."

THE COLOR BLIND LAW.

The Color Blind Law is in a very unsatisfactory condition. Quite a large number of examiners are now working under the operations of the law, and examinations are made under varying degrees of accuracy and correctness. The standard of qualification which is plainly defined by law is not uniformly upheld or enforced by the examiners; so that an applicant who fails to get a certificate through defects of vision or color perception may appeal from one examiner to another, and so on, until finally he may secure a certificate. Of course in such cases the law is rendered inoperative.

The Board of Censors are powerless under the law, as at present constituted, to control the examiners in their relations to each other, and to enforce an equal and uniform administration of the law. Unless, therefore, the statute can be amended so as to bring the examiners under systematic regulation, I think it would be best to ask for its repeal.

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The law is a good one and should prevail, but under the present conditions of its enforcement, it falls short of what it was intended to accomplish. If it is decided to ask the General Assembly for the desired amendments, I think examinations for defective hearing should also be embraced in the bill. It is quite as important to ascertain whether railroad employees hear well, as it is that they see well.

That clause of the statute which refers to re-examinations every five years, in my opinion, will not stand the test of enforcement. I believe it would be an unnecessary burden both upon the railroad companies and the employees; and so far as my knowledge upon the subject extends, re-examinations in so short a time are unwarranted, and, upon the whole, useless. It would be unwise, in my opinion, to attempt to enforce this feature of the law, and I think in revising the act this clause should be eliminated.

FIRST VICE-PRESIDENT.

The first Vice-President has rendered valuable service to the Association. He has notified me monthly of the work he has been doing, and I am glad to state that he has labored faithfully, conscientiously and persistently the entire year to strengthen the Association in his territory. He has several times left his home and his private business to visit distant counties for the purpose of awakening the profession to the importance of medical organization, and in a number of instances, he has accomplished much good in stimulating the members into renewed activity in county society matters. I know that he has not spared time or expense in endeavoring to do his duty.

SECOND VICE-PRESIDENT.

I am sorry to state that the second Vice-President has been prevented by serious personal sickness, and family affliction, from doing that work which he would otherwise have gladly and willingly done.

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APPOINTMENTS.

By the power in me vested through the Constitution and By-Laws, I have made during the year the following appointments: As Censors to fill vacancies until the meeting of the Association, Drs. W. H. Sanders and Charles Whelan. As a member of the Publishing Committee, Dr. J. R. Jordan.

IN MEMORIAM.

Job Sobieski Weatherly, M. D., was born in South Carolina on the 26th day of July, 1828. He read medicine with Dr. McLeod of that State and graduated from the Medical Department of the University of the City of New York in 1851. He first located at Adairsville, Ga., but after practicing there for a short time he moved to Palmetto, Ga. In 1857 he came to Montgomery to live, where he practiced to the time of his death. Dr. Weatherly was elected to the College of Counsellors in 1874, and President of the Medical Association of the State of Alabama the same year. He had also been President of the Medical and Surgical Society of Montgomery county several times. He was Vice-President of the American Medical Association; first President of the Rocky Mountain Medical Association, and for many years a member of the State Board of Health. While in health, he contributed quite frequently to the literature of the profession. Among his valuable papers are the following: "Glossitis;" "Puerperal Convulsions;" "Polypoid Tumors of the Uterus;" "Diabetes;" "The Opium Habit;" "Medical Education;" "Woman;" "Hemorrhagic Malarial Fever;" "Diseases of the Cervix Uteri;" "Syphilis;" "Quarantine against Yellow Fever."

Dr. Weatherly was a successful man, and on his return to this city after the civil war, he did a large and lucrative practice. When in health, he was a man of great energy, and no doctor ever watched his practice more unremittingly

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or attended his patients more carefully and unselfishly than Dr. Weatherly. For this reason his patients were strongly attached to him, and many of them had no other physician to attend them for thirty years. But some ten years previous to his death, disease laid its heavy hand upon him and his last days were spent in great suffering. He loved the Association, and in 1878 rendered valuable service in assisting towards the enactment of the law to regulate the practice of medicine and other important medical legislation.

All honor to his memory, and may his soul rest in peace.

"IN MEMORIAM."

John Jefferson Dement, M. D., was born May 13th, 1830, in Madison county, Alabama, and was a son of John and Celia W. (Lowe) Dement. The early death of his father required him to remain on the farm where he was reared. At the age of twenty he began the study of medicine at Meridianville, Alabama, under the direction of Dr. G. A. Wyche. He took his first course of lectures at Louisville in the winter of 1851–2. The following year he went to Philadelphia, and was graduated from the medical department of the University of Pennsylvania in 1853. He then located at Meridianville, Alabama, where he practiced with success until 1862, when he was commissioned surgeon in the Confederate Army, and was assigned to the 27th Alabama Regiment. He served with this regiment until the surrender of Fort Donelson, when he was sent a prisoner to Camp Chase, and later to Johnson's Island. He was released in June, 1862. In August, 1862, Dr. Dement was assigned to the 49th Georgia Regiment, at Gordonsville, Virginia, under General Jackson, and remained with this regiment until it surrendered at Appomattox. During this time he was surgeon of Gen. Ed. L. Thomas's brigade, and was in all the battles in which his brigade participated.

After the war he went to Huntsville, Alabama, where he

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practiced his profession till a few weeks prior to his death, when he went to Lithia Springs, Georgia, in the hope of restoring his shattered health. Seeing these waters were of no avail to him, he decided to return home. His trunk was packed and he had bidden some friends adieu, and while sitting on the hotel veranda in conversation with acquaintances, death came, and in a few short moments he breathed his last. This was on the morning of August 10th, 1891. The sad news flashed over the wires to his family and friends and all Huntsville was in mourning. The great concourse and lengthy procession that followed his remains to their last resting place told plainly that a popular and useful man had passed away.

He was for a few years a member of the American Medical Association, and also a member of the American Public Health Association; president of the Board of Trustees of the Huntsville Female College; member of the Board of Trustees of the Vanderbilt University of Nashville, Tennessee; member of the Board of Trustees of the Alabama Insane Asylum at Tuscaloosa, and was surgeon general of the State of Alabama for eight years. He was president of the Medical Association of the State of Alabama, and a member of the Board of Censors from its organization. His prudent counsel was sought when the interest of the Association was endangered, and his advice was always timely and wise. He was a useful citizen, a competent physician, and a true and faithful friend.

"IN MEMORIAM."

A. M. McWhorter, M. D., was born in Carroll county, Georgia, May 11th, 1828. He remained in that county until he reached his maturity. When twenty-five years of age he began the study of medicine, and graduated at the Atlanta Medical College in 1857. The following year he located at Gaylesville, Cherokee county, Alabama, and began the practice of medicine.

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He was one of the organizers of the Cherokee County Medical Society, and its first delegate to the State Association. In 1887 he was elected to the College of Counsellors, and in the same year he was elected county health officer.

When the late war came to a close, the people of Cherokee were left in a very destitute condition, and were unable to pay for medical attention. This did not deprive them, however, of the services of Dr. McWhorter. He, also, was without means, and he could not even buy a horse, but he walked through the country and did all in his power to relieve his people. He was charitable and generous,—and on the 3d of March, when he breathed his last, the Medical Society of the County of Cherokee, and the Medical Association of the State, lost a valuable member.

The old guard is passing away. The names and faces that will be most prominent on occasions like this, in a few years will be those of a newer generation, but this thought only brings us nearer to the realization of the tremendous responsibilities which we cannot escape. Let us then accept the obligations of the hour and acknowledge this time as an opportunity in which we can awaken to a deeper interest, renew our fealty, and pledge our earnest co-operation in that work which shall best develop the great and beneficent end we are striving to accomplish. The advancement of our Association depends upon the life and action of its individual aggressive forces. The future is glistening with glorious possibilities; let us act so as to secure its richest rewards. Concert of action, harmony of feeling, and unity of purpose will win for us a magnificent victory and make us triumphant in years to come.

"It was the boast of Augustus, that arch traitor to the liberties of his country "that he found Rome of brick and left it of marble;" and of Bonaparte, "that he found France without law and left it the Code of Napoleon," a monument to his matchless ability, before which the splendid triumphs

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of Austerlitz and Marengo sink into comparative insignificance."

How much nobler might be the boast of the Medical Association of the State of Alabama when, in future years, we shall be able to say: Though we found the profession in this State the prey of the charlatan and empiric, we left it distinguished by science; we found it chaotic and discordant, we left it organized and harmonious; we found it with the education of its members too much neglected, we left it with medical schools of the highest character and physicians in the foremost rank of science and learning; we found it without its due weight or influence in society, we left it honored by the rich and sustained by the blessings of the poor.

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APPENDIX.

TABLE "A."

NAMES OF COUNTIES	Number of Regular Physicians in the County in 1891.	Number of Physicians members of Society in 1891.	Number of Physicians not members of Society in 1891.	Illegal Practitioners in the County in 1891.	Homeopathic Physicians in the County in 1891.	Eclectic Physicians in the County in 1891.	Number of Physicians Examined since 1878.	Number of Physicians Rejected since 1878.
Autauga	12	7	5	1	.....	(graduates)	1	.....
Baldwin	8	5	3	.....	.....	.....	2	.....
Barbour	29	14	15	.....	.....	.....	16	5
Bibb	16	8	8	.....	1	1	4	.....
Blount	24	11	13	.....	.....	1	15	.....
Bullock	22	20	2	.....	.....	.....	6	.....
Butler	26	22	4	.....	.....	2	14	.....
Calhoun	48	35	13	1	1	1	23	4
Chambers	23	15	8	4	.....	1	5	.....
Cherokee	32	10	22	1	1	1	5	1
Chilton	19	10	9	1	.....	.....	1	.....
Choctaw	22	17	5	.....	.....	.....	12	1
Clarke	24	16	8	.....	.....	.....	7	.....
Clay	20	18	2	.....	.....	.....	4	.....
Cleburne	20	11	9	.....	.....	3	2	.....
Coffee	14	9	5	.....	.....	.....	2	.....
Colbert	24	15	9	.....	.....	.....	3	.....
Conecuh	12	9	3	.....	.....	.....	3	.....
Coosa	19	13	6	.....	.....	.....	6	.....
Covington	11	5	6	.....	.....	.....	6	.....
Crenshaw	15	10	5	4	.....	2	5	1
Cullman	16	10	6	1	1	2	3	.....
Dale	24	16	8	2	.....	2	4	1
Dallas	40	21	19	.....	.....	.....	9	2
DeKalb	33	13	20	.....	.....	1	18	3
Elmore	23	18	5	.....	.....	.....	.....	.....
Escambia	9	8	1	1	.....	.....	1	.....
Etowah	33	24	9	2	2	.....	21	4
Fayette	15	15	0	.....	.....	.....	6	.....
Franklin	19	14	5	2	.....	.....	.....	.....
Geneva	14	13	1	.....	.....	.....	.....	.....
Greene	19	10	9	.....	.....	.....	9	.....
Hale	21	13	8	.....	.....	.....	6	1
Henry	24	17	7	2	.....	.....	5	1
Jackson	36	13	23	1	.....	.....	7	1
Jefferson	170	70	100	1	2	.....	96	28
Lamar	19	6	13	2	.....	.....	.....	.....
Lauderdale	36	15	21	4	.....	.....	5	.....
Lawrence	33	20	13	.....	1	.....	4	.....
Lee	19	8	11	.....	.....	2	7	1
Limestone	24	9	15	.....	1	.....	13	.....

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APPENDIX.

TABLE "A."—Continued.

NAMES OF COUNTIES	Number of Regular Physicians in the County in 1891.	Number of Physicians members of Society in 1891.	Number of Physicians not members of Society in 1891.	Illegal Practitioners in the County in 1891.	Homeopathic Physicians in the County in 1891.	Eclectic Physicians in the County in 1891.	Number of Physicians Examined since 1878.	Number of Physicians Rejected since 1878.
Lowndes	28	22	6	1	.....	.....	19	2
Macon	18	11	7	.....	.....	.....	7	.....
Madison	39	20	19	.....	.....	.....	19	5
Marengo	38	12	26	4	.....	.....	15	2
Marion	18	11	7	1	.....	.....	6	1
Marshall	16	8	8	.....	1	.....	.....	.....
Mobile	48	29	19	6	3	.....	31	3
Monroe	18	12	6	.....	.....	2	5	.....
Montgomery	54	26	28	1	1	.....	17	3
Morgan	43	25	18	1	2	.....	24	2
Perry	26	16	10	.....	.....	.....	4	.....
Pickens	26	18	8	.....	.....	.....	14	.....
Pike	27	14	13	3	.....	1	15	3
Randolph	22	20	2	1	.....	1	11	.....
Russell	17	9	8	1	.....	.....	1	.....
Shelby	31	22	9	3	.....	.....	18	1
St. Clair	20	14	6	.....	.....	.....	15	5
Sumter	21	16	5	.....	.....	.....	11	.....
Talladega	34	20	14	1	.....	.....	8	3
Tallapoosa	24	19	5	1	.....	.....	14	1
Tuscaloosa	35	22	13	.....	.....	.....	16	1
Walker	23	16	7	1	.....	.....	9	1
Washington	8	7	1	2	.....	.....	.....	.....
Wilcox	34	30	4	.....	.....	.....	15	1
Winston	10	6	4	2	.....	.....	3	.....
	1,745	1,038	707	58	18	19	653	88

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RECAPITULATION OF TABLE "A."

Whole number of Regular Physicians in State in 1891	1,745
Whole number of Physicians members of the County Medical Societies in 1891	1,038
Whole number not members of the County Medical Societies in 1891	707
Whole number of Illegal Doctors in State in 1891	58
Whole number of Homeopathic Physicians in the State in 1891.	18
Whole number of Eclectic Physicians in the State in 1891 (graduates)	19
Whole number of Homeopathic Physicians members of the County Medical Societies	3
Whole number of Eclectic Physicians members of the County Medical Societies (graduates)	8
Whole number of Physicians examined since 1878	653
Whole number of Physicians rejected since 1878	88
Percentage of Rejections	13.47

The aggregate numbers of the different columns of Table "A" do not tally with the aggregate numbers in the different columns of Table "C," for the reason that Table "A" was brought up to October, 1891, while Table "C" includes only three months of 1891.

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TABLE "B."

EXAMINATIONS BY STATE BOARD.

		GRADUATES.		NON-GRADUATES	
	No. Ex.	Passed.	Rejected.	Passed.	Rejected.
1878	1	0	0	1	0
1879	9	0	0	1	8
1880	10	0	0	1	9
1881	0	0	0	0	0
1882	1	0	0	0	1
1883	0	0	0	0	0
1884	0	0	0	0	0
1885	0	0	0	0	0
1886	6	4	1	1	0
1887	4	1	2	0	1
1888	2	0	0	0	2
1889	3	1	1	0	1
1890	2	1	1	0	0
1891	6	2	3	0	1
	44	9	8	4	23

Whole number examined.....44
Whole number rejected.....31 Passed..13
Percentage of rejections.....70.45
Whole number of graduates.....17
Whole number passed..... 9
Whole number rejected..... 8
Percentage of rejections of graduates.....41.16
Whole number of non-graduates.....27
Whole number passed..... 4
Whole number rejected.....23
Percentage of rejections non-graduates.....85.18

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TABLE "C."

SOUTHERN.	APPLIED.	GRANTED.	REJECTED.
University of Nashville	14	13	1
Vanderbilt University	92	88	4
Meharry Medical College (Nashville)	5	2	3
Memphis Hospital Medical College	10	8	2
University of Louisville	18	14	4
Kentucky School of Med. (Louisville)	16	15	1
Louisville Medical College	26	20	6
Louisville Hospital Medical College	4	4	0
Central University (Nashville)	1	0	1
Transylvania University (Lexington)	6	5	1
Georgia Medical College (Augusta)	8	6	2
Atlanta Medical College	42	28	14
Southern Medical College (Atlanta)	20	17	3
Georgia Eclectic Col. Reform (Atlanta)	10	6	4
Savannah Medical College	1	1	0
Alabama Medical College (Mobile)	122	115	7
University of Louisiana–Tulane (N. O.)	25	25	0
Virginia Medical College (Richmond)	7	7	0
University of Virginia (Charl'ttesville)	13	13	0
University of Maryland (Baltimore)	10	9	1
Baltimore Medical College	1	0	1
Physicians and Surgeons of Baltimore	13	12	1
Washington University	1	1	0
Howard University (Washington)	6	2	4
University of Tennessee (Nashville)	30	25	5
South Carolina Med. Col. (Charleston)	6	5	1
	507	441	66
WESTERN.			
Missouri Medical College (St. Louis)	2	2	0
St. Louis Medical College	3	3	0
St. Louis Medical College (Eclectic)	1	1	0
University of Kansas City	1	1	0
Columbus Medical College (Ohio)	3	2	1
Cincinnati Medical College	1	1	0
Cincinnati Medical College (Eclectic)	2	0	2
Pulte Medical College (Cincinnati)	4	4	0
Miami Medical College (Cincinnati)	7	7	0
Rush Medical College (Chicago)	4	3	1
Hahnemann Medical College (Chicago)	3	1	2
Detroit Medical College	1	0	1
University of Michigan (Ann Arbor)	2	2	0
Hospital Medical Col. (Cleveland, O.)	1	1	0
Western Medical College	1	1	0
	36	29	7

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TABLE "C."—Continued.

NORTHERN.	APPLIED.	GRANTED.	REJECTED.
University of Buffalo	1	1	0
Albany Medical College	1	1	0
Syracuse Medical College	1	0	1
Long Island Hospital (Brooklyn)	1	1	0
Physicians and Surgeons of New York	6	6	0
University of New York	13	13	0
Bellevue Hospital Medical Col. (N. Y.)	12	12	0
Hahnemann Medical College (Penn.)	3	1	2
Jefferson Medical College (Phila.)	18	15	3
University of Pennsylvania (Phila.)	10	10	0
University of Vermont	2	2	0
Harvard University	3	3	0
Hospital College of Boston	1	0	1
Boston University of Medicine	1	1	0
Charity Hospital College (New York)	1	1	0
	74	67	7
Foreign	5	5	0
Non-graduates	7	5	2
Unknown	18	12	6
	30	22	8

RECAPITULATION OF TABLE "C."

Whole number applied	647
Whole number granted	559
Whole number rejected	88
Percentage of rejections	13.50
Percentage of rejections of graduates Western Med. Colleges	19.40
Percentage of rejections of graduates Southern Med. Colleges	13.01
Percentage of rejections of graduates Northern Med. Colleges	9.45
Percentage of rejections of non-graduates	2.85
Percentage of rejections of graduates (college unknown)	33.03
Percentage of rejections of foreign graduates	0

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TABLE "D."

ILLEGAL DOCTORS.

Autauga	1 (?)	Baldwin	0
Barbour	0	Blount	0
Bibb	0	Bullock	0
Butler	0	Calhoun	1
Chambers	4	Cherokee	1
Chilton	1	Choctaw	0
Clarke	0	Clay	0
Cleburne	0	Coffee	0
Colbert	0	Conecuh	0
Coosa	0	Covington	0
Crenshaw	4	Cullman	1
Dale	2	Dallas	0
DeKalb	0	Escambia	1
Elmore	0	Etowah	2
Fayette	0	Franklin	2
Geneva	0	Greene	0
Hale	0	Henry	2
Jackson	1	Jefferson	1
Lamar	2	Lauderdale	4
Lawrence	0	Lee	0
Limestone	0	Lowndes	1
Macon	0	Madison	0
Marengo	4	Marion	1
Marshall	0	Mobile	6
Monroe	0	Montgomery	1
Morgan	1	Perry	0
Pickens	0	Pike	3
Randolph	1	Russell	1
Shelby	3	St. Clair	0
Sumter	0	Talladega	1
Tallapoosa	1	Tuskaloosa	0
Walker	1	Washington	2
Wilcox	0	Winston	2

Whole number 59
Registered 19

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THE ANNUAL REPORT OF THE SENIOR VICE-PRESIDENT.

By William Camp Wheeler, M. D., Huntsville.

Junior Counsellor of the Medical Association of the State of Alabama.

The experience of my first year revealed how much remained to be done, and also the vastness of the work before me.

Desirous of being able to report a general improvement of each and every society in the Northern Division, I addressed many letters to officers who had been indifferent and careless of duty.

A few gave no responsive utterance, but a large majority answered me that they had resolved to make amends; results prove they have been faithful to their promises.

In addition to these numerous letters, I visited seven Societies during the last year; and always made such visits on the occasion of their regular meetings.

For this my reasons are obvious: first, that I could thereby see and mingle with a greater number of physicians; 2d, that I could the better observe their method of work and judge of the interest manifested; 3d, that I might be the better prepared to render a report to this Association.

To have been able to visit every society in the Northern Division would have been the consummation of my chief desire. For such meetings were always fraught with profit and pleasure.

In these monthly visits I found my professional brethren universally kind, attentive and courteous; and I shall ever revert to them as some of the oases along life's journey. Whether in "High Jackson," or among my alienated Flor-

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entine brethren, or on the breezy plateau of Cullman, or where Captain Gunter left his name as a memento with the good people of Marshall, I ever found that warm welcome, and fraternal congenial fellowship which has ever existed, and which will remain in the bosom of every true disciple of Esculapius.

Experience has taught me that many doctors are derelict In the discharge of official duties. Many are slow or careless in responding to business communications, but in all my official rounds I never found one slow to extend every courtesy which the most fastidious might demand or expect.

BIBB.—From this society we get some encouraging figures. In my former report we find they held only one meeting with a small attendance, while during the past year they held five meetings. Two members have been added, and the average attendance for the year is six, which is a fine showing for this large and rough territory. All officers have been faithful except the health officer. This officer is paid nothing and it is difficult to induce anyone to accept it, there being two very grave objections, viz: A lack of co-operation, and a want of remuneration. Only two illegals reported this year, viz: F. M. James, P. O. Centreville and Macey Sessions, P. O. Slick. Every reasonable effort has been made to increase the membership, though Dr. Schoolar writes me that he is confident of securing the membership of every regular practitioner in the county at no distant day.

BLOUNT.—The condition of this society is better than for some years past. Five meetings have been held the past year and the attendance reported good. Two members gained since last report. One illegal only, reported in this county, Dr. Harwell Compton.

But for pressing engagements it was my purpose to meet this society at its last meeting on the 5th inst.

CALHOUN.—In my last report this society was considered (and justly so) far below its normal place, and later the

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worthy secretary wrote to me, "look out for Calhoun, she's coming." Time has proven his prophetic vision correct, inasmuch as the membership has increased thirteen, and the health officer's salary has been raised from $100.00 to $250.00. Nine regular meetings have been held the past year, with an average attendance of thirteen.

This society has adopted the plan of meeting at different points in the county so as to accommodate all, as nearly as possible, and by this plan has gained six new members. This same arrangement can be made to work advantageously in other counties. The officers have been punctual, zealous and efficient. There is only one illegal in this county, a Dr. W. J. Miller of Anniston. There have been lost to this society three by removal, and only eight doctors in the county who are not members.

This report is a clear exhibit of the fruits of energy and pluck. It is a real pleasure to report the doings of such a society and I point to it now as a worthy exemplar. Did time and space allow, I would enjoy giving you in full the report of the secretary, Dr. McDuffie.

CHAMBERS.—In 1890 I could get no intelligence from this society, and I had grave fears for its future. Demoralization spread until it seemed the entire membership had for a season become infected; and a member wrote me that "President Hudson has gone to Europe leaving everything in a mess." It is often best to leave some things unsaid, and I will close this gloomy picture by saying nothing was done last year; but a reorganization has been recently effected and we have grounds for believing that order will be the sequence of this chaos, and that this society will soon take its proper place in our grand organization. I am already assured of this by some very zealous men in this society.

CULLMAN.—It was my pleasure to visit this society on the 7th of September last, at Cullman, where I met a majority of the entire membership. The meeting was enjoyed by all

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present, and each in his enthusiasm resolved in future to do better work. Several cases of interest were reported and discussed, and I found the President, Dr. Purdon, and the health officer, fully alive to every interest of the society. These, with the other officers, are uniformly at their posts when possible, and through their efforts this society has steadily grown in interest and importance for the past two years. The present status is much above what it was one year ago, and within this period twelve regular meetings have been held. Average attendance, 75 per cent. of the entire membership. All the officers are prompt in attendance and faithful to every duty. There are no illegals in this county, and but few practitioners outside the society; only three reported. More than ordinary interest is being taken in statistical reports, and almost every beat is sending in a complete monthly report. Recently a marked interest has been displayed by the county officials, and each beat officer has been supplied with blank books for recording births and deaths. Stimulated by these achievements, the health officer writes me they have unanimously resolved that Cullman shall at least take rank alphabetically in the great State of Alabama.

CHEROKEE.—This society having gained four in membership the past year, is in somewhat better condition than the year previous. Officers are wanting in zeal, and have done but little to advance the interest of the profession. Here is a fine field for usefulness, and fair opportunities to prove an appreciation of honors conferred, but they are slow to apprehend. This society held only three meetings the past year, with an average attendance of eight. Scarcely any effort has been made by any one to increase the membership, and on more than one occasion no meeting was held at a stated time for want of a necessary quorum. It is hoped the officers will be aroused to a full sense of duty before another report of this society is read,

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CLAY.—In consideration of my last report this society is to be congratulated, and we hail with pleasure the very general desire to forward the interest of medicine in this county. Two years ago no meeting was held. Since then they have held three, with an average attendance of thirteen. Officers have been prompt in meeting and faithful in duty. No illegals reported in this county, and every regular physician is a member. An unanimous resolution has been passed looking to the further building up of this society. Four members have been added to the roll, and all are, of late, more prompt in the payment of dues. A full representation is assured at this session of the association. Official life and activity implies a live working membership and a general onward movement.

COLBERT.—Last year I reported a decided improvement in the general condition of this society, and from a recent letter from the President, Dr. H. A. Blair, I have the gratifying report of further advancement. Two accessions to membership since my last report; nine regular meetings have been held, with an average attendance of eight. Officers have been prompt and faithful, and fair efforts have been made to enlarge the membership. Only one illegal reported in this county, Dr. J. T. Haney, a graduate of Mobile Medical College, whose post-office is Barton.* President Blair writes me that Dr. Haney has been notified to appear before the Board of Censors, and in a recent interview he (Haney) assured me he would soon attend to this duty; which has been deferred, not of his choice, but in consequence of some grave affection of the eyes. Under the present official management, Colbert rests on a solid and sure basis.

COOSA.—The present condition of this society is in advance of last report. Since then two new members have been added. Only three illegals in the county, viz: Dr. C.

* Since this was written Dr. Haney has passed a successful examination.

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M. Pope, Goodwater; Dr. J. J. Coker, Weogufka; Dr. P. P. Goggans, Traveller's Rest. There is a strong probability of at least two of these asking for admission soon. While there has been no marked activity in this county it can be said to be in a healthy condition. Some effort has been made to strengthen the society, and all the officers have been true and faithful. A recent postal from Dr. Julius Jones announces the accession of another member, now making the total fifteen.

DeKalb.—By the accession of two new members, we might say that this society has made a move in the right direction. On resolutions DeKalb takes high rank, for they have been resolving and re-resolving for the past three or four years. At the last annual meeting some new officers were elected, and keenly feeling the need of advancement, it "was unanimously resolved" to get to work in earnest. One of the best and wisest changes effected by their resolutions is to henceforth meet monthly instead of quarterly, as heretofore. Great good will inure by this change alone, and some other quarterly societies might learn a profitable lesson thereby. When we hear from this society again it will be moving forward. A goodly number of illegals reside in this county, but special effort will be made to enlist them. More than ordinary interest was plainly manifest at the last meeting, and the average attendance at the four meetings is eight.

Etowah.—This society took such a tilt last year that little room for improvement was left. However, during the year just closed, three new members have been added, and I infer, without advice, that recruiting material is getting a little scarce. Twelve regular and several called meetings have been held by this society, with an average attendance of twelve. The officers are alive to every duty and interest of the society and prompt to attend. No illegals reside now in these parts; a fulfillment of our prediction last year. When all the

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societies of the state get on a level with this one, it will be the chief delight of your vice-president to read his annual report.

FRANKLIN.—The report from this society is meagre and unsatisfactory. I expected no more when having to write two or three times before getting a reply. When the school teacher has to ask a boy a question two or three times, he can safely swear the lesson is not mastered. A general apathy pervades this society from president to the most remote member, and like the man who dug a hole in the earth and buried his talent, they have lost nothing and added nothing thereto, the membership remaining the same as last year. I have some very dear friends in this county, whom I have known from early youth; and were they to become as enthusiastic for organized medical union as they are in accumulating the "root of all evil" Franklin would become the centre of organized medicine in Alabama. Come, my dear brethren, divide your time and talents and help us in this important work.

JACKSON.—The year 1891, in the history of this society, stands pre-eminently as the most prosperous and important since its organization. For the past three years this society has steadily grown and moved forward till now we point to it as one of the best working bodies in the Northern Division, yes, I will say the entire State. The officers strive to do their duty, the members are punctual, and they all, with one accord, work with a zeal and determination that is truly commendable. The President, Dr. Rorex, last year failed to attend only one meeting. The Board of Censors have held as many meetings as the interest and welfare of the society demanded, in each of which they did good and faithful work. This society has held ten regular meetings, at each of which cases were reported and discussed, and essays not a few were read. Some of these papers are of a very superior order and reflect credit on the authors. I visited

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this society on the 7th of July last, on the occasion of a regular meeting. The meeting was full and a general interest was manifest. Here it is that every member feels that he has a work to do and he does it. These doctors have something of my ideal society meetings; they come to order at 10 A. M., adjourn one hour for dinner, and hold a three hours session in the afternoon. A visit to Jackson county will be a treat to any doctor. Five members have joined, which swells the roll to eighteen. There are no illegals. This society has some of the most faithful workers in the State, and there is an expressed determination to swell the membership and magnify the interest during the coming year. The annual meeting in July last, the banquet, the essays, the manifestation of a genuine fraternal feeling, the honest pledges offered to build up this society, all tell in unmistakable language that the limit has not been yet attained.

JEFFERSON.—A report from the numerical hub of the Northern Division is about the same as appears in the transactions of last year. Present membership, seventy-two. Several accessions, but the loss by death, removal and otherwise, leaves the aggregate unchanged. Meetings are held semi-monthly, with an average attendance of twenty-four. Many cases reported and essays read, in which a large percentage take lively interest. Officers are diligent, prompt and faithful in discharge of duty, especially the officers of public health. Sanitation has received considerable attention, more particularly the jails, public schools and alms-houses. The president elect, Dr. Parke, has expressed a determination to enlist new members, and his efforts are already bearing fruit. The Board of Censors have taken some action toward ridding the county of its illegals, but so far without success. No prosecutions thus far have been inaugurated. A cosmopolitan population like that of Jefferson will always have a large proportion of men who will be averse to all uniform and organized effort, and our best and truest element there, can never prove their true worth and merit.

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LAMAR.—Last year this society was among those from which I could gather no direct information, but now we find its condition better than for three or four years past. The members have agreed to hold meetings oftener and devote more time and attention to collecting vital and mortuary statistics. Each member has also volunteered to bring in new members, as far as it is possible to do so, and a general enthusiasm is taking the place of lethargy. The outlook for this society is encouraging.

LAWRENCE.—Some of the leading features of this society were stated in my report for last year. Many of the same obstacles remain unchanged, and just what the future of this society will be is a difficult matter to foretell. The President elect, Dr. Rand, is willing to do all he can to further its interest, but without co-operation he is powerless. An united, persistent and determined effort alone will meet the requirements. On the 13th of October last, I met this society in Courtland, when some eight members were present. The interest was marked and promised better results than have been realized. This being a very large county and the doctors dispersed over a vast area, it was decided best to select four points for holding the meetings, thereby making it as nearly equidistant and accessible for all as possible. While results have fallen short of our expectations, they have proven more satisfactory than under the old plan. More recently, a lack of success and small meetings have been attributed to this change, so by a majority vote they have elected Courtland again as the sole place of meeting, with more than probable old results. When men become imbued with the proper spirit, the place has very little to do with the success of the meeting. More life, more zeal, more fraternal feeling, more desire to do something and less discussion of plans will soon remove all your difficulties and assure you a fine society. Do just try this one year and give us the results next April.

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LIMESTONE.—This society has taken on some new life, has done some new work, and gathered in three new members the past year. Has held, however, only four meetings with an average attendance of seven or eight. While some three or four members are active, the remainder are careless, and it occurs to me there are more good men in this county who are dead to every interest of organized medicine than any quarter I have ever visited. By previous appointment, I met this society in Athens on the 27th of June last and the interest manifested warranted the belief that a revival of interest had taken hold upon the members. It was unanimously agreed to re-organize and get to work; the latter has been done only in a measure. No illegals exist there, and one Dr. Cannon, an irregular, was so annoyed by some of our younger men that he is reported as having fled the State.

MADISON.—What has been said of Franklin is applicable in many respects to this society. We certainly have the best contented set of medical men, and some who take less interest in society work than any known place in Alabama. Some few pay no attention to the collection of vital and mortuary statistics, and cannot by any sort of means be induced to do so. Some attention has been paid to sanitation and the officers have usually been punctual in attending the meetings. I can not give you a clearer or more concise view of our true condition than to quote the latter part of the annual report of our venerable and worthy secretary, which reads as follows: "There were held nine regular meetings; one called and one adjourned. The average attendance was eight, with a membership of twenty. I regret to state that there has been a decided want of proper interest manifested. There were quite a number of interesting cases presented—some of rare occurrence. There was one death, Dr. J. J. Dement, and one acquisition to its membership, Dr. J. T. Johnson, during the year.

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The year, though not marked with much membership zeal, was replete with fraternal feeling. In that respect the society was a success."

MARSHALL.—In my last report this society appears at a great disadvantage, and we found anything but an encouraging state of affairs. Since then a reorganization has been affected and the roll has been increased by five new names. On October 6th, last year, I visited this society at the time of its fourth quarterly meeting. Met seven in attendance, and four applications for membership were received, all of whom were young men.

Seeing the poor success arising largely from these quarterly meetings, it was unanimously agreed to meet monthly henceforth, and the change has wrought some good. There are four illegals in this county, but efforts are being made to enlist these if possible.

No advancement has been made by this society in the past few months, though the officers are true and worthy men.

MORGAN.—This society has never recovered from the muddle of last year. It is much easier to continue right, than to get right after the effects of a fearful commotion. It will not be putting it too lightly to say that most of the troubles continue which were reported one year ago, but through the mist and fog of an old and ugly family feud, we catch a glimmer of hope as we note the dawn of a new day. The late election of officers has promise of a brighter future for this society, and we have assurances that new and determined efforts will be made during the ensuing year. I attended the meeting of this society at Hartselle last July; interest good, attendance large, and everything pointed to a better future, and while our expectations have not been fully met, a considerable, and I trust substantial advance has been made. Our Senior Censor visited this county last winter, and he seems to think the worst is past.

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RANDOLPH.—Time has proven that my last report was too highly colored and considerably overdrawn. From recent information I learn that the general condition is fairly good, with more than ordinary interest among the membership. No accessions the past year; average attendance of meetings, eight. A majority of the officers have been prompt and alive to the interest of this society. Only one illegal in this county, Dr. O. P. Overby, P. O. Louina. Some of the officers say they will soon bring this society to the front. You know Dr. Trent is always overflowing with enthusiasm.

ST. CLAIR.—This society has maintained a fairly good standing for the past three or four years, and in the past year there has been no notable change. No accessions. Average attendance at meetings, six. Neither officers nor members are specially enthused, but prompt to respond to their ordinary duties. No illegals reported in this county. A little more official zeal would soon make this a very fine society.

SHELBY.—This society, and the one just mentioned, stand upon the same general footing. While they gain nothing, they seem determined to maintain their present status. They hold one meeting each month, with an average attendance of seven. No accessions, though the officers are regular in their performance of duty. Three illegals in this county, one white and two colored. No steps yet taken to correct this open violation of law.

TALLADEGA.—The condition of this society is about as it has been for several years past; and while there is no special activity among officers or members, they have made a fairly good record. One accession and one removal, leaving the membership as before reported. Illegals, one, the same as noted last year. This society holds quarterly meetings, with the faithful 11 in regular attendance. In an important and populous county like this, with the city of Talladega as its capital, it does seem that the doctors would not be content with less than twelve meetings per annum.

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TALLAPOOSA.—From this society comes the good news that there is a "gradual improvement," and of late much more interest is being manifested. There were four accessions last year. Quarterly meetings are held here, with an average attendance of seven or eight. Officers are unusually prompt and faithful and have begun to infuse new life in the entire membership. But one illegal in this county, and he refuses to appear before the board though he has been pressed to do so. No special effort has been made to increase the membership.

TUSCALOOSA.—The condition of this society remains about as it has been for several years past, regarded from a general standpoint, yet the loss of its president and secretary the past year, places it at a temporary disadvantage. There have been three accessions and a loss of six—three by removal and three by death. Ten meetings have been held, with a fair attendance. No illegals in this county, and every available practitioner entitled to recognition is on the roll. This is a feature very much to be desired, and I only regret that every society in the State cannot report the same. Since the 1st of January this society has been under a new management, and I am assured the future and general outlook is more encouraging.

WALKER.—Last year I could get no intelligence from this society when I most wanted it, but now the secretary, Dr. Stovall, writes me they are improving and in better condition than for some time. One accession the past year. Eight meetings have been held, with an average attendance of seven. Officers have not been as zealous as we expect them, and have not made sufficient effort to add to their roll. Last August this society indicted four illegals, two of whom were convicted, but with what results I am not informed. One fled the country in search of more congenial companions, leaving his bondsmen to weep over their folly. The fourth one has, by one means and another, managed to have his

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trial continued, while he rests under the ban of six different indictments. This man is W. T. Masterson, formerly of Lawrence, who claims to have a diploma from the Memphis school, and to have the right of a "pro-forma" certificate, as he claims to have been practicing in 1884. His prosecutors not wishing to be foiled, and anxious to obtain the facts, sent a man to Lawrence county, where he began practice, and found that he last attended said college in 1887–8. Seeing this subterfuge had failed him he crossed the county lines and landed in Franklin, where they granted him a "pro-forma" certificate. Dr. Stovall writes they will still make it warm for the gentleman. It is safe to say that a society after this order has many redeeming features, and we are sanguine of its future.

WINSTON.—This is another society from which I could get no communication last year when I wanted it, but now Dr. Taylor writes me they are doing better, and are determined to push forward. They are a little band, only six or seven strong, but their possibilities are great, if they will only be true and faithful. The past year they have met quarterly, according to agreement, with an average attendance of six. Only two or three illegals in the county. Officers have been prompt to attend the meetings. This society lost its president by removal last year, and Dr. J. C. Taylor was elected in his stead. The doctor is also health officer, and he says he has succeeded in collecting statistics of almost every birth and death.

Thus it may be seen, Mr. President and gentlemen, this report embraces every society in the Northern Division, save five, viz: Lauderdale, Marion, Fayette, Cleburne and Pickens. Repeated efforts have been made to obtain all necessary information without avail. Lauderdale society maintains the same attitude as reported one year ago.

Desirous of leaving no stone unturned for the restoration of this society, and at the earnest solicitation of Dr. Cochran,

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I went to Florence on the 4th of July last, expecting to meet at least a remnant of the old society, with possibly two or three new recruits. To effect such a re-union, I had previously written a score or more of letters urging the importance of such a meeting. But to my utter chagrin, I was sadly disappointed, even denied the pleasure of meeting as many as one.

As the 6th was the day for the meeting of the independent "Medical Society of Florence," I decided to remain over and meet as many doctors as possible. In the mean time I was not idle by any means, but saw several doctors in and about Florence. By Monday it was quite evident that my visit was a failure and nothing could be accomplished. However, I met with this new organization; they received me most kindly, and extended unusual courtesies. Being convinced that the time is not yet that anything can be accomplished toward reclaiming this society, I bade them a kind farewell. Early this year, in January I believe, I met Dr. Cochran again in Florence, the fraternity seemed more kindly disposed toward him. The doctor was elated, hopeful. I was not. Of the ultimate fruit of his visit, he can the better explain.

MARION.—From a long letter by Dr. Cochran on February 18th, I gather this information in regard to Marion: "Special meeting on the 23d of January with seven accessions; another meeting on the 13th of February, reported to be a good one. Officers elected, health officer elected. I am expecting further details soon."

This really looks like Marion is neither dead nor dying, but it looks a little strange that they should be doing so much and making such a profound secret of it.

I am persuaded that this Association called me to serve it at a most auspicuous season, for the relations with my superior have been of the most pleasant character, all that I could ask or expect; for his predecessor I cannot say less.

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THE ANNUAL REPORT OF THE JUNIOR VICE-PRESIDENT.

By Jacob Huggins, M. D., Newbern.

Senior Counsellor of the Medical Association of the State of Alabama.

A few weeks after my election to the office of Vice-President of the Alabama Medical Association, I began the work belonging to my office. It was not long before I was thoroughly convinced that the office of vice-president of this Association was by no means a *sine cure* office, but one of work and responsibility. Hence my appreciation of the compliment conferred upon me by this august body was greatly enhanced by the realization of this fact.

If the report of my work does not come up to the full measure of your expectations, I will say by way of apology, that I have done the best I could under adverse circumstances, and that the months that I selected for the principal part of my work, such as visiting counties that were in bad working order and easily accessible, were months of suffering and sorrows. The Hand of Providence was laid heavily upon me, and I was taught in a most forcible way, "that man proposes and God disposes." I was thus prevented from carrying out my intentions, and doing some work which I had hoped would bring forth good results.

I began my work by addressing a circular letter to the vice-presidents of the county medical societies, and other officials, in which I sought to elicit all the information I could in regard to the status and work of their respective societies. I made it a point to attend specially to those counties which my predecessor in office had reported in a demoralized and bad working condition.

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A large percentage of parties addressed did not honor me with a reply. In some instances I wrote to almost every physician in the county before I could get any information. As will hereafter be seen, I have reduced the defaulting list to a very small margin.

I will now give in detail and in alphabetic order a synopsis of the information received and the status of the work in my division.

1. AUTAUGA.—I am sorry to say, that the report from this county, judging from the information received through the president of the county society, is not at all encouraging. About sixty per cent. of the doctors in the county, are members of the medical society, yet very little interest is taken in the work. From the same source, I learn that the health officer is doing very poor work, notwithstanding he has an assistant in every beat in the county.

2. BALDWIN.—Considering the small number of physicians in this county, with a sparse population, I was gratified and agreeably surprised to learn that the county medical society was in fine working condition, with a promise of even better work in the future. About 75 per cent. of the physicians belong to the county society.

The health officer is endeavoring to do his duty, and deserves much credit for his zeal in the work. The midwives report promptly.

3. BARBOUR.—Reports from this county are quite encouraging. To quote the language of the president of the society, Dr. Copeland, "the interest in the society is being worked up to a creditable degree." From one source I learn that "the health officer did not seem to be giving the State Health Officer satisfaction," yet from another source I learn that "the health officer seems to be alive to his work." I think the outlook in Barbour is flattering.

4. BULLOCK.—This is one of the best organized counties in the 2nd division. Every physician in the county, with

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one exception, belongs to the medical society. Society meets monthly, the attendance however, is not very large owing to the fact that a large percentage of the members are old men, and many live long distances from the place of meeting. Judging from the report of the health officer, I would infer that he is zealous and doing good work.

5. BUTLER.—Butler county is in fair working condition. About 80 per cent. of the doctors in the county belong to the medical society. They meet monthly. The health officer is reported hard at work, and thinks he collects 80 per cent. of the births and deaths.

6. CHILTON.—For two years, I find, by referring to the reports of my predecessor, that Chilton has furnished no report of the work in the county. I am happy to state that I have received a very interesting letter from Dr. H. W. Caffey, the president of the medical society, yet he does not give a very encouraging outlook. The doctor says he and some of his confrères have "struggled under many discouragements to arouse sufficient interest to sustain a creditable organization, but found so much indifference and lukewarmness, that they became disheartened." We hope Dr. Caffey will continue his laudable efforts, for his example will stimulate others, and the goal of success will soon crown his labors.

7. CHOCTAW.—The report of the work in this county is rather encouraging, than otherwise. About 75 per cent. of the doctors are members of the medical society. The health officer is making "great efforts," but as yet has not succeeded in getting "complete reports." Midwives report poorly.

8. CLARKE.—I cannot say that the reports from this county are satisfactory. Though 80 per cent. of the doctors belong to the medical society, yet they do not manifest that degree of interest in the work, to insure a live, active society. The officials are capable and zealous, yet they seem to meet with

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little encouragement from the members at large. The society meets quarterly. The health officer is making an earnest effort to do good work, yet he is handicapped by the indifference of his assistants and the fraternity generally, and therefore meets with poor success.

9. COFFEE.—After writing to every officer of the county society, from the president down, I at last received a letter from a doctor who is a member of the society. As might have been expected there is no medical society in Coffee county, except in name. The society rarely meets. No interest seems to be taken in the work, and the health officer is reported as very inefficient. He gets no pay for his work.

10. CONECUH.—When the small number of physicians in this county is considered, the status of the work may be considered far above the average. I am satisfied this is greatly due to the efforts of the worthy vice-president and health officer, Dr. A. A. McKittrick. I have recently seen his report to the county commissioners. It is a most interesting paper and shows Dr. McKittrick to be one of the most efficient and zealous health officers in the 2nd division. It shows, too, that the doctor, to get up so creditable a report, was stimulated by three incentives: duty, zeal and pride. Would that every county in the State had a health officer as efficient as the one in Conecuh!

11. COVINGTON.—As this county has been on the non-reporting list for several years, I made special efforts to get information from it. I was at last honored with a letter from Dr. W. N. McNair, a member of the Board of Censors. Dr. McNair does not give a very flattering report of the condition of affairs in Covington. The society meets only once a year, with usually a slim attendance, and but little is the work or life of the society. Health officer is doing little or nothing in getting statistics. Doctors and midwives are reported as very indifferent in sending in their reports. From a letter received, since the foregoing was written, from

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the president of the county society, I learn that there is some evidence of new life in the society. Some accessions to the membership of the society have been made with a probability of several others in the near future. This gives us hope that there will be a marked improvement in Covington in another year.

12. CRENSHAW.—After several efforts to get some information from Crenshaw, I at last received a postal card from Dr. S. W. May. I quote what the doctor said: "I have been health officer for two years. My last year's report was larger than any before. Dr. Cochran was so hard to please is the cause of my not reporting any this year. My assistants are very careless and don't report but little, except Drs. Jones, Coston and one or two others; would like very much to get my reporters to do better, so that I could do my part correctly."

13. DALE.—The report from Dale is not at all good. Though eighty per cent. of the doctors are members of the county society, yet not over fifty per cent. ever attend the meetings, and sometimes not enough are present to constitute a quorum. The health officer is reported as endeavoring to do his duty, but meets with poor encouragement from the members of the profession generally.

14. DALLAS.—This is one of the best organized counties in the State. During the year there were two applicants for license before the Board of Censors—both of whom stood good examinations and passed. During the year there were several accessions to the membership of the medical society. The health officer reports that he is succeeding satisfactorily with his work.

15. ELMORE.—The Elmore County Medical Society is still on the "upgrade." The county reported as thoroughly organized, with an assistant health officer in every beat. Midwives report well; health officer very efficient and meeting with fine success in his work. I am indebted to the vice-president of the society for this information.

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16. ESCAMBIA.—All things taken into account, I am inclined to believe that Escambia is the banner county of the second division. Every doctor in the county, with a single exception, is a member of the county medical society. The county has an efficient board of censors and of health officer, Dr. James L. Bass, who is discharging his duties, if not better, at least as well as any in the State. My information from this county was received principally from the worthy president of the county medical society, Dr. Jas. A. Wilkinson.

17. GENEVA.—No report. Geneva stands alone in her glory (?) in not sending me any report, though I worked strenuously to get some information by writing numerous letters to parties from whom I had a right to expect a reply.

18. GREENE.—At our meeting in Huntsville, this county was placed in the non-reporting list. In fact, it has been reported in bad working condition for several years. I fully intended visiting Greene county during the past fall, but a severe and protracted spell of sickness prevented. I have written to every practicing physician in the county, with one or two exceptions, with a view of finding out the cause of the apathy and lukewarmness that seem to have possession of the county. Some of the doctors replied to my communications, while others paid no attention to them. Some date their troubles to a misunderstanding with the State Health Officer several years ago. Others ascribe their condition to indifference, while others take no interest in the work because there is no pay in it. From the tenor of the letters, however, I am satisfied that a brighter day is about to dawn on the medical horizon of Greene county, and the mists that now rest over it will ere long drift away and leave the county in a healthy condition, and restore it to its former high position. The State Health Officer visited the county about a month ago, and seemed to be encouraged at the outlook. I hereby express my thanks to Drs. T. W.

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Pierce, A. M. Duncan, A. P. Smith, S. S. Murphy and J. K. Legare for their promptness in replying to my communications and for their promised efforts to restore new life in their medical society. Much complaint has been made against the board of censors. One young physician made an effort to get the board together for examination, but, failing to do so, began the practice without license.

19. HALE.—I am sorry that I cannot make a good report for my own county. The status is about the same as last year. A general state of apathy still exists among the members of the medical society; we meet about four times a year, but the attendance is poor. There are nineteen doctors in the county, and four or five of these have about retired from practice. This leaves about fourteen doctors who are in active work, and ten of these I believe belong to the medical society. We have three groups of doctors in Hale, the two extremes being 35 miles apart, and the middle group about equidistant from the other two, hence it is difficult to have full attendance at our quarterly meetings. The health officer experiences great difficulty in getting the doctors and midwives to report promptly.

20. HENRY.—My information from this county is quite meagre, notwithstanding many letters have been written for that purpose. I have received only one letter from Henry county, and this was from a retired physician. He reported a general apathy and indifference, and promised to give me the reasons therefor in a subsequent letter, but the letter never came.

21. LEE.—In giving the status of the medical society of Lee county, I will quote from a letter of the vice-president: "Our society is doing nothing; we have not had a meeting in eighteen months; no health officer; no statistics; we are in a deplorable condition, medically speaking." The secretary writes in about the same strain; he says he is "heartily ashamed to report upon medical affairs in Lee," and says he

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is "trying to awaken some interest in the society, and hopes to re-organize by the time the State Association meets in Montgomery."

22. LOWNDES.—This county still "holds her own" as one of the best organized counties in the State. Dr. Shirley Bragg is health officer and is doing fine work. In fact, it is doubtful if any county in the second division has a more efficient health officer than Lowndes.

23. MACON.—This county is working, with the exception of the health officer; society meets quarterly, with usually a good attendance. About two-thirds of the doctors in the county are members of the county society; health officer doing poor work; has assistants in only two beats.

24. MARENGO.—I am happy to state that there is quite an improvement in the status of this county during the past year. Our State Health Officer made two visits to the county, one in November and one in March. It was my pleasure to be with him on the latter occasion. During the visit we learned that there were thirty-six doctors in the county, only twelve of whom were members of the medical society. We also learned that there were nine illegal doctors in the county, seven of whom have recently gone before the county board of censors, passed and received license. We hope another year will find Marengo in the first rank of organized counties. This new life in Marengo was inspired by the visits of Dr. Cochran, and the zeal and untiring energy of Dr. Bryan Whitfield, the president of the county society.

25. MOBILE.—After writing a number of letters to officials of the county medical society, without hearing anything from them, I wrote to Dr. W. H. Sanders, our accomplished ex-president, from whom I received a reply, and about the same time I received a letter from Dr. Jackson, the former secretary. Both of these gentlemen gave a good report of the Mobile County Medical Society. During the year the membership was increased by four members. So-

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ciety meets once a week, and usually well attended. Health officer during past year did not succeed well in collecting vital and mortuary statistics. The cause was not given.

26. MONROE.—This county is in fair working condition. About eighty per cent. of physicians belong to medical society. They meet about twice a year, with good attendance. The health officer reported as diligent in the discharge of his duties, and is succeeding very well in his work.

27. MONTGOMERY.—This county has been for years one of the best organized counties in the State. The high standard is still upheld by the members of the Montgomery medical society. All the physicians in the city are members of the society, with possibly one exception, and probably about fifty per cent. of the county doctors. Society meets weekly, except in summer. The health officer is said to be zealous in the discharge of his official duties, and is ably sustained by efficient assistants. Hence his mortuary reports are believed to be nearly complete, while his vital statistics are highly satisfactory. The vice-president furnished the information.

28. PERRY.—I am sorry to give an unfavorable report of the work in this county. The vice-president informs me that little interest is felt or taken in the work. The health officer is not very successful in getting up deaths and births. He complains that the doctors and midwives will not report regularly and promptly, hence his work is very unsatisfactory. The society is about on a stand still. Two or three deaths and removals, and two or three accessions to the society during the year leaves it where it was about a year ago as to membership.

29. PIKE.—I have a good report from Pike. From a recent letter from the president of the county society, I learn that the membership was increased more than fifty per cent. during the past year. The society meets once a month. About seventy-five per cent. of the doctors in the county

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belong to the society and the best of feeling (to quote the president) "animates the members," &c. The health officer, however, is not doing satisfactory work.

30. RUSSELL.—I regret to have to report a state of apathy and indifference among the members of the county medical society. They have monthly meetings, yet the attendance is usually poor. The health officer is said to be zealous, but he meets with little encouragement from the beat health officers.

31. SUMTER.—This county is doing fairly well. The society meets quarterly and usually has a good attendance. The health officer is very efficient. He says his midwives report more promptly than his doctors. Better work is promised in the future.

32. WASHINGTON.—This county is in a poorly organized condition. The physicians live far apart. There is also some trouble of an ethical nature among the doctors that militates against a thorough and harmonious organization.

33. WILCOX.—When the large number of doctors in the county, and the large membership of the medical society, and the intelligence and high standing of the physicians generally are considered, one would naturally suppose that Wilcox was one of the best organized counties in the second division. Yet I am sorry to say, judging from information received, that its status is very poor. To quote the words of the vice president of the county society, "our society is a society only in name; the vital statistics are not worth a row of pins," etc.

This finishes my report as vice-president of the second division of the State, and in giving an account of my stewardship, will say that I have not accomplished all that I had hoped to accomplish, yet I have endeavored to discharge the duties of the office faithfully and to the best of my ability. By earnest importunities and numerous letters, my work has been crowned with a reasonable degree of success,

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and I am able to make a report on the work in every county in my division, with the single exception of Geneva, and the doctors in that county will testify that I made an earnest effort, in an epistolary way, to get information from the county. By referring to the report of my worthy predecessor for the year 1890, I find ten counties in the defaulting or non-reporting list, so I have not much grounds to complain of in this line, as I have reduced the list to a single county. Hoping another year may enable me to give a more satisfactory report of the work in my division, I respectfully submit this report, and crave your generous indulgence for its short comings.

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MONITOR'S ADDRESS.

By Edward Henry Sholl, M. D., Birmingham.

Censor and Grand Senior Counsellor of the Medical Association of the State of Alabama.

Fallible human nature in its social, economic and mental adjustments, requires guides, incentives, directions, restraints and penalties, just as it does in the moral and spiritual world.

Whether we wish to accept this conclusion or not, the record of all past ages shows that we cannot escape from it. Just as old as human nature itself is that trend toward a deviation from the right line and the evidence of constant failure in the attainment of that which is perfect in all the relations of life.

Hence the guides and the penalties that attach sooner or later to the necessities of every community and of every organization of constituted labor whatever its purpose. Law and restraint are no encumbrance to the good, to the wise and the justly inclined, but are needful in that they are a prop to the weak, a stimulant and incitement to the many who occupy the doubtful middle ground and who are not a support to themselves, but need encouragement, instruction and warning that they may pursue the right, also in that they are the only defences against the vicious, the covetous, the perverse and the debauched in mental and moral sentiment.

In the short time at my disposal, it will only be possible to touch briefly on the great subject lying out before us, embodied so beautifully, so chastely, so kindly, so forcibly, so nobly, so truly in this conception of Dr. Percival whose

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letter to his son in the last century is supposed to be or is the basis and almost the fulness of our Code of Ethics.

It has, of course, been added to and modified to suit the passing years and changing scenes, but the great principles first announced can never be properly changed, based as they are on truth, nobility, uprightness, which in their attitude to integrity of purpose and action can no more be changed than the great primeval laws of nature can be wrested from their course and fulfillment. To do this would wreck the universe, to destroy, if it were possible, those high and lofty principles which impel and guide the line of right action, or even blind the moral eye, would wreck a soul.

In these latter days, favored by legislative enactment in Alabama, the profession bears a special and peculiar relation to the State and the people, constituting an ethical obligation which becomes more binding by reason of the large and varied and very important interests intrusted to our care involving to a greater or lesser extent every community in the State.

A study of our duty as sanitarians will convince us that we have voluntarily accepted a great trust, such as to the thoughtful and philanthrophic mind is fraught with great issues and must be met in a corresponding spirit. It implies that every physician in our membership should be as opportunity offers (and this occurs almost daily) a sanitary observer, an inspector of his surroundings, a searcher after those oftentimes subtle and deep-lying causes of disease that may confront him at any time and at any place.

The inquiring, investigating mind often solves these problems which may lie hidden in a dung heap whose poison by drainage infects a well and starts a long and disastrous train of typhoid fever, or in the infected milk that in our cities is brought to our homes, or in the diseased and decaying meat which our butcher sends to us, or in the water that pure and limpid to the sight will only give up its secret to

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the chemist's test or to the revelation of the microscope in connection with it.

Its solution may be found in the undrained fens and marshes and river bottoms that poison the system with malarial infection and all its baneful followings.

By ready discernment and keen apprehension we discover and limit the extent of contagious and infectious diseases which isolated, and quarantined, soon spend their force and we have thus saved the community a terrible scourge which not alone ravages homes, but desolates whole communities and paralyzes all the busy wheels of trade and commerce.

How active then should we be and however alive to these great and imposing duties which come not alone to the busy practitioner of the city, but to the most secluded physician. If he is alert, watchful, how great his opportunity and how much does he bless those who naturally turn to him and look for help, counsel and relief.

Another form of our ethical relation to the public lays upon us an imperative duty, the more particularly as it deals with the afflicted, the unfortunate and criminal classes. Paragraph 4, Section 1282 of the Code of the State of Alabama. Page 121 of the Book of Rules makes it the duty of county boards of health "To exercise a general superintendence over the sanitary regulations of the public institutions situate in the county, including hospitals, asylums, work-houses, prisons, markets and public schools."

At first thought it might seem that the prison inspection with which we are charged would require little attention except in the denser centres of population, where the criminal classes are most largely found, and in our State penitentiaries and convict camps. This, however, is not so, the evils obtain, but proportionately in a lesser degree, for observation teaches that association by daily contact with the vicious and unfortunate has, at times and with some men, a tendency to blunt the moral sensibilities and make them oblivious of what is due even to the criminal.

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We should see these prisons not on stated and expected occasions, but at any time, carefully inspect the kind, quality and time of food allowance, observe its adaptation to their necessary wants, its methods of preparation, their water supply, their bedding, their prison garb, their light, their heat, their ventilation, their facilities for attention to the calls of nature, the cleanliness or filthiness of their surroundings, their general treatment, in fine all that pertains to the well being of the outcast and vicious, who, outlawed although they are for the time, wear yet the semblance of humanity, and even in their just punishment appeal to our own innate sense of right.

It becomes particularly necessary when, under the provisions of the law, the prisoners are fed at a certain rate of money allowance, to make frequent inspection of the food supply, for the temptation occurs to give that which will be at the minimum of cost regardless of the variety absolutely necessary for even a healthy prison diet, of such kind, so prepared, and at such intervals as to be entirely unsuitable for healthy nutrition.

Wherever such violations of right that even a prisoner has are known, due steps should be taken by every committee of health, as the executive officers of the county board of health, to correct them by advisory means. These failing, in every case the facts should be laid by them before the grand jury of the county in all their details, and should be ceaselessly and unremittingly pursued till the object is gained.

Time and a proper educative process will right all these things, for the State does not construe as part of its punishment that inhumanity that woke the zeal and efforts of a Howard and a Fry and the noble philanthropists who have worked along this line, but she (the State) rather should regard with the severest condemnation these wrongs to the powerless and the forgotten, across whose life worse than the shroud of death itself has fallen.

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But here is where "line upon line and precept upon precept" is needed. Every county jail in the State should be inspected by the committee of health, or a detail of its members, at least two to four times every year, according to locality, and these should be made at such times as that the county board may be able to make a definite report from their standpoint of examination, noting all defects in every line, bringing them forward, when required, promptly and plainly to the attention of the grand jury, that they may remedy them effectually.

Persistent attention here will bring its reward, and if their work accomplished nothing more than the righting of these great and unnecessary wrongs, they have ameliorated the condition of the unfortunate and removed a blot and a stain from our record as a people.

Just ten years ago Dr. Gaston, in his strong and earnest message on this subject, brought out the evils of prison life so forcibly that the public mind was awakened and much in the way of reformation was brought about. But a third of a generation has come and gone since then, new officials fill the places of those then in authority, and new abuses have crept in, only to be wiped out by our knowledge of our duty and our faithful and resolute attention to it.

Let it be our resolve to do our part, to do it steadily, to do it conscientiously, to do it fearlessly, and to keep doing it until our county jails shall be in their comfort and in their appliances and in their surroundings all that justice and a sense of right could demand.

Let us now turn to another view of this subject: our practical relation as professional men to the sick of the prisons and alms-houses who need and must have our care. How shall this best be secured to them, and what shall we consider as proper payment for services rendered?

I have before me a printed slip in which the judge of the county, by order of the county commissioners, offers to re-

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ceive sealed proposals until September 7th, 1891, "From any practicing physician of the county, to physic and do the medical practice of the paupers and prisoners of the county for the year. The contract will be awarded to the lowest responsible bidder."

This is all wrong, and there is a double wrong here. In it there is, first, a wrong to the profession, and, secondly, to the sick who are trafficked off to the lowest bidder. It throws out very frequently the most competent men, who are not willing thus to barter and make sale of their skill, and leaves it too often in the hands of the incompetent and unworthy, and by the natural law of things, that the cheapest is the least worth, inflicts upon the unfortunate the man who will do the least and give the least for the money's worth. The thought of the receiver must be "I haven't gotten much for my services, and I will get off with the least possible amount of work and wont put myself to much trouble."

It is not affirmed that this will be always the case, for in the rushing tide that, like avalanches, are surging in on the profession, it may be, perforce, a life and death struggle for the man who is willing to take anything for his services that he can get, and he may be true and faithful to his trust, but it is not in the natural order of things for a man to give service out of proportion to what he receives.

This wrong doing can be corrected if the board of health properly approach the county commissioners and make a judicious and liberal estimate of what these professional services are worth, for it will not be a difficult matter by the law of averages to settle upon some just compensation for services rendered.

It is to be hoped that in the future every county board will adopt some plan by which the sick shall not be sold to the lowest bidder, but that this stigma on the profession, this injustice to them and to the sick, may be removed, and that every high-minded member of the fraternity shall

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work in the proper channel to secure this greatly to be desired reformation.

The alms-houses require the same watchful care at our hands and should undergo the same frequent and thorough examination with a view of remedying evils, correcting abuses and suggesting the needed improvements, co-operating with the authorities to secure that condition of affairs which may give the deserving poor, who are at least entitled to our practical sympathies, all the necessities and some of the comforts of a home that adverse fortune has deprived them of.

The public schools also claim our care, and it should be, whenever required, made our duty to look into all the interests there involved. The light, the ventilation, the amount of air, the methods of heating, and all matters of sanitary interest should be noted and dealt with as occasion requires. I cannot now venture out upon the broad field of ethics yet untouched. In the coming years those who follow me have a vast scope for thought and discussion that can be made full of profit and interest to the profession.

It is ours in the spirit of wisdom and liberality to make the most careful study of the principles laid down for our guidance, to cling closely to them; erring, to acknowledge it, and seek the better way; and in all our professional relations to be guided by that divine principle which requires that we should "do to others as we would have them do to us."

It has been said that "conduct makes character, and acts, habits," and that "the highest liberty is to be found in obedience to just laws for the general welfare." Let us make these laws our very frequent study, and in so doing we will necessarily develop that broad and noble professional manhood in which alone is to be found the secret of a true and abiding success, a success crowned with laurels that never wither, and with garlands that never fade.

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THE ANNUAL REPORT OF THE SECRETARY.

Mr. President:

Not at any time since my appointment as your Secretary at the Eufaula session in 1878, now fourteen years past, have I had the pleasure of presenting for your inspection so complete a record of the three books under my special care. The task of getting them in order has been a tedious one; and even now some of those who by right and duty should promptly answer my appeals, seem forgetful or purposely negligent in furnishing single items or items in detail to aid me in finishing up my work.

It should be remembered that these three books, namely, the Roll of the College of Counsellors, the Gallery of Portraits and the Book of the Dead, are of great value not alone to the Medical Association of the State of Alabama, but to the profession at large. This feature is found in no other organization, and must ever remain a permanent factor in our sum of success. Several blank pages in the Book of the Dead, pages set apart for recording the life-work of each deceased counsellor remain yet unfilled. I have been unable to obtain biographical histories of six of the twenty who have passed from us. However, I am not faint nor weary, nor am I willing to fix the responsibility upon those whose duty it should be to contribute this, a finishing feature to this roll of honor.

From the Book of the Living to the Book of the Dead have been transferred the portraits of Job Sobieski Weatherly of Montgomery, John Jefferson Dement of Huntsville, senior counsellors of the class of 1873, Abbott Milton McWhorter, junior counsellor, Gaylesville, class of 1887, all having died during the present year.

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I would remind members of the Association, and with great emphasis, that all money due the Association should be sent to the Treasurer, and not to me, as errors in account have occurred within the past year, quite embarrassing to the Treasurer as well as to myself.

Of the eight counsellors elected at the Huntsville session last year, all have accepted the position, signed the counsellor's pledge, and their names have been added to the roll.

Fifteen hundred copies of my annual circular were distributed early in March, to which was appended instruction to delegates and others wishing to avail themselves of excursion rates. Formerly blanks for cheap rates were furnished through M. Slaughter, Commissioner, Atlanta, Ga. But the majority of railroads have withdrawn from said commission and now issue tickets direct to all who make application for them, thus facilitating business and relieving me of much labor and annoyance.

Respectfully submitted,

T. A. MEANS, M. D.,

Secretary.

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THE ANNUAL REPORT OF THE PUBLISHING COMMITTEE.

Mr. President:

The subjoined report we beg to submit as the result of our labors for the past year:

One thousand copies of the Transactions at a cost of—

Printing	$722 65	
Binding	200 00	
Shipping	22 00	$ 944 65
500 return blanks	14 00	
1500 annual circulars	8 50	
1500 stamped envelopes	18 00	
200 envelopes	80	
200 note circulars	1 75	
1000 letter heads	3 50	
500 envelopes	1 75	
1 quire paper and envelopes	1 25	$ 49 55
Total expenditures		$ 994 20

Publications received through the State Board of Health Library during the year 1891—

Transactions State Medical Associations	13
Annual Reports State Boards of Health	21
Annual Reports City and County Boards of Health	15
Monthly Statements of Boards of Health	12
Weekly Statement	4
Monthly Medical and Surgical Periodicals (regular)	4
Government Publications	126
Miscellaneous Journals, Monographs, Lectures, Essays, &c	173
Total publications	368

Of the one thousand copies of the Transactions published, there were distributed—

To County Societies	638
Delegates	112
Counsellors (88)	176

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Correspondents	6
Fraternal Messengers	3
Medical Journals	6
Exchanges	15
Federal Government	9
State Government	5
Miscellaneous—honors	1
Alabama State Board of Health Library	28
Secretary—office copy	1
Total distribution	1,000

T. A. MEANS, M. D.,
R. F. MICHEL, M. D.,
J. R. JORDAN, M. D.,
Publishing Committee.

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THE ANNUAL REPORT OF THE TREASURER.

WALTER CLARK JACKSON, M. D., *Treasurer.*

In account with the Medical Association of the State of Alabama, from April 14th, 1891, to April 12th, 1892.

To ANNUAL DUES OF COUNSELLORS.

THE GRAND SENIOR COUNSELLORS.

Abernethy, William Henry, Tinela	$ 10 00
Baldridge, Milton Columbus, Huntsville	10 00
Brown, Pugh H., Troy	10 00
Bryce, Peter, Tuscaloosa	10 00
Cason, Davis Elmore, Ashville	10 00
Cochran, Jerome, Mobile	10 00
Cross, Benjamin Franklin, Decatur	10 00
Dement, John Jefferson, Huntsville	10 00
DuBose, Wilds Scott, Columbiana	10 00
Furniss, John Perkins, Selma	10 00
Fletcher, Richard Mathew, Madison	10 00
Gaines, Vivian Pendleton, Mobile	10 00
Gaston, John Brown, Montgomery	10 00
Hayes, Robert Hughes, Union Springs	10 00
Hendrick, Gustavus, Brundidge	10 00
Hogan, Samuel Mardis, Union Springs	10 00
Hopping, Daniel Stiles, Letohatchie,	10 00
Jackson, Robert Dandridge, Summerfield	10 00
Jackson, Walter Clark, Montgomery	10 00
Johnston, William Henry, Birmingham	10 00
Jones, Capers Capehart, East Lake	10 00
Kendrick, William Toulmin, Montgomery	10 00
Ketchum, George Augustus, Mobile	10 00
Luckie, James Buchner, Birmingham	10 00
McKinnon, John Alexander, Selma	10 00
McKittrick, Adam Alexander, Evergreen	10 00
Means, Thomas Alexander, Montgomery	10 00
Michel, Richard Fraser, Montgomery	10 00
Peterson, Francis Marion, Greensboro	10 00
Prince, Francis Marion, Bessemer	10 00
Pritchett, John Albert, Hayneville	10 00

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Robertson, Thaddeus Lindlay, Birmingham	$ 10 00
Sanders, William Henry, Mobile	10 00
Sears, John William, Birmingham	10 00
Seelye, Samuel Dibble, Montgomery	10 00
Sholl, Edward Henry, Birmingham	10 00
Starr, Lucius Ernest, Camden	10 00
Thetford, William Fletcher, Talladega	10 00
Thigpen, Job, Greenville	10 00
Thomas, James Grey, Mobile	10 00
Wall, Conrad, Forest Home	10 00
Webb, Robert Dickens, Birmingham	10 00
Wright, Milton Roil, Gadsden	10 00
	$ 430 00

THE SENIOR COUNSELLORS.

Baldwin, Benjamin James, Montgomery	$ 10 00
Bragg, Shirley, Lowndsboro	10 00
Brockway, Dudley Samuel, Livingston	10 00
Franklin, Charles Higgs, Union Springs	10 00
Goggans, James Adrian, Alexander City	10 00
Goodwin, Albert, Eufaula	10 00
Goodwin, Joseph Anderson, Jasper	10 00
Hill, Samuel Henry, Carrollton	10 00
Huggins, Jacob, Newbern	10 00
Inge, Henry Tutwiler, Mobile	10 00
Jay, Andrew, Evergreen	10 00
Kendrick, Joel Beder, Birmingham	10 00
Kendrick, Joel Cloud, Greenville	10 00
Lowry, Samuel Hickman, Huntsville	10 00
Moody, Joseph, Franconia	10 00
Nolen, Abner Jackson, New Site	10 00
Rushing, Francis Marion, Elba	10 00
Searcy, James Thomas, Tuscaloosa	10 00
Sledge, William Henry, Livingston	10 00
Smith, Daniel Edgarly, Mobile	10 00
Stovall, Andrew McAdams, Jasper	10 00
Trent, Powhatan Green, Rock Mills	10 00
Ward, Henry Bascom, Cuba	10 00
Whaley, Lewis, Birmingham	10 00
Whelan, Charles, Birmingham	10 00
Wilkerson, Wooten Moore, Montgomery	10 00
Wilkinson, James Anthony, Flomaton	10 00
	$ 270 00

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THE JUNIOR COUNSELLORS.

Barnes, Benjamin Shields, Suggsville	$ 10 00
Binford, Peter, Somerville	10 00
Crook, John Martin, Jacksonville	10 00
Darby, John Isaac, Columbia	10 00
Deweese, Thomas Peters, Nauvoo	10 00
Dowling, Oscar, Columbia	10 00
Goode, Rhett, Mobile	10 00
Harlan, John Jefferson, Hayneville	10 00
Hill, Luther Leonidas, Montgomery	10 00
LeGrand, John Calhoun	10 00
Marechal, Edwin Lesley, Mobile	10 00
Purdon, John Edward, Cullman	10 00
Redden, Robert James, Suligent	10 00
Robinson, Christopher Americus, Huntsville	10 00
Thomason, William Levi, Guntersville	10 00
Toole, Barclay Wallace, Talladega	10 00
Wheeler, William Camp, Huntsville	10 00
Wilkerson, Charles A., Marion	10 00
Total of Counsellors	$ 180 00

THE COUNSELLORS ELECT.

Camp, Erasmus Taylor, Gadsden	$ 5 00
Coley, Andrew Jackson, Alexander City	5 00
Copeland, William Preston, Eufaula	5 00
Hatchett, James Benton, Athens	5 00
Heacock, John William, Alpine	5 00
McWhorter, George Tilgham, Riverton	10 00
Rand, Edgar, Leighton	5 00
Stewart, John Pope, Attalla	5 00
Total of Counsellors Elect	$ 45 00

DUES FROM COUNTY MEDICAL SOCIETIES.

Autauga	$ 6 00
Barbour	11 00
Baldwin	3 00
Bibb	4 00
Blount	2 00
Bullock	14 00
Butler	16 00
Calhoun	25 00
Chambers	7 00
Chilton	6 00
Choctaw	12 00

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Clarke	$ 12 00
Clay	7 00
Cleburne	5 00
Coffee	4 00
Colbert	13 00
Conecuh	7 00
Coosa	11 00
Covington	4 00
Crenshaw	10 00
Cullman	8 00
Dale	11 00
Dallas	16 00
DeKalb	12 00
Elmore	16 00
Escambia	7 00
Etowah	21 00
Fayette	3 00
Franklin	11 00
Greene	8 00
Hale	9 00
Henry	16 00
Jackson	9 00
Jefferson	58 00
Lamar	5 00
Lawrence	3 00
Lee	8 00
Limestone	6 00
Lowndes	16 00
Macon	9 00
Madison	13 00
Marengo	12 00
Marshall	6 00
Mobile	5 00
Monroe	6 00
Montgomery	16 00
Morgan	7 00
Perry	16 00
Pickens	10 00
Pike	11 00
Randolph	6 00
Russell	9 00
Shelby	7 00
St. Clair	12 00
Sumter	16 00
Talladega	12 00

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Tallapoosa	$ 8 00
Tuscaloosa	17 00
Walker	14 00
Washington	6 00
Wilcox	4 00
Winston	5 00
Total of County Societies	$ 649 00

DELEGATES.

Joseph Lee, Abbeville	$ 5 00
Hayes, G. T., Woodville	5 00
Ledbetter, S. L., Birmingham	5 00
Parke, T. D., Birmingham	5 00
Burkett, H. B., Hillsboro	5 00
Rand, Edgar, Leighton	5 00
Hatchett, J. B., Athens	5 00
Stallings, T. D., Hayneville	5 00
Johnston, William, Tuskegee	5 00
Farley, J. B., Whitesburg	5 00
McLain, D. H., Mayesville	5 00
Whitfield, B. W., Demopolis	5 00
Whitfield, J. B., Demopolis	5 00
McGahey, J. J., Henryville	5 00
Mohr, C. A., Mobile	5 00
Festorazzi, A., Mobile	5 00
Andrews, Glenn, Montgomery	5 00
Watkins, I. LaF., Montgomery	5 00
Wilson, A. R., Hartselle	5 00
Steele, A. N., Bethany	5 00
Beard, J. S., Troy	5 00
Copeland, W. P., Eufaula	5 00
Moore, D. S., Clarence	5 00
Cowan, S. C., Union Springs	5 00
Hunter, H. M., Union Springs	5 00
Owen, J. D., Manningham	5 00
McDuffie, J. H., Anniston	5 00
Caffey, H. T., Jemison	5 00
Kimbrough, W. F., Mt. Sterling	5 00
McDairmid, A. K., Hollins	5 00
Blue, J. D., Elba	5 00
Lindsey, S. D., Sheffield	5 00
Peterson, A. J., Hanover	5 00
Pendry, J. F., Rose Hill	5 00
Ard, A. B., Haw Ridge	5 00

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Smisson, H. J., Newton	$ 5 00
Kirkpatrick, S., Selma	5 00
Justice, O. S., Central Institute	5 00
Northon, W. A., Eclectic	5 00
Camp, E. T., Attalla	5 00
Woods, T. B., Wayside	5 00
Chapman, A. R., Geneva	5 00
Gibson, J. S., Lamar	5 00
Hanson, W. C., Marvyn	5 00
Upham, E. F., Shelby	5 00
Williams, J. H., Shelby	5 00
Donaldson, J. T., Eastaboga	5 00
Heacock, J. W., Alpine	5 00
Coley, A. J., Alexander City	5 00
Harris, J. J., Tuscaloosa	5 00
Davis, D. M., Tuscaloosa	5 00
Webb, F. A., Fairford	5 00
Jones, T. W., Camden	5 00
Taylor, J. C., Ark	5 00
Stewart, J. P., Ark	5 00
Davis, C. C., Ark	5 00
King, Goldsby, Selma	5 00
Total of delegates	$ 285 00

STATEMENT

Of W. C. Jackson, Treasurer, in account with the Medical Association of the State of Alabama, for year beginning April 14, 1891, and ending April 10, 1892.

To balance on hand as per last statement	$ 837 33	
dues of counsellors	925 00	
medical societies	649 00	
delegates	285 00	
cash from Dr. Lovelady, Treasurer	1 00	
T. A. Jenkins	2 00	
Jerome Cochran	2 00	
J. P. Jones	10 00	
L. C. Pynchon	10 00	$2,721 33
By cash paid Brown Printing Co	$1,000 95	
salary T. A. Means, Secretary	250 00	
W. C. Jackson, Treasurer	100 00	
expenses Huntsville meeting	30 00	
" " "	8 50	
" " "	1 10	

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By account of T. A. Means	$ 24 25	
cash paid Joel White	6 90	
to J. B. Gray for treasurer's bond.	20 00	
stamps	7 00	
Total credits		$1,478 70
Balance on hand		$1,272 68

The foregoing account includes fifteen hundred and thirty-four dollars and forty-six cents ($1,534.46), deposited in the bank of Moses Bros., the status of which is known to the Association. The amount of this which will ultimately be recovered cannot now be stated.

REMARKS.

The following counsellors have not paid their dues: Dr. J. S. Weatherly, deceased; Dr. A. M. McWhorter, deceased; Dr. W. H. Hudson, left the State; Dr. G. D. W. Lawrence, resigned.

The following county societies have paid no dues: Cherokee, Geneva, Lauderdale and Marion.

All of which is respectfulfy submitted.

W. C. JACKSON, M. D.,
Treasurer.

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THE SCHEDULE OF SPECIAL COMMITTEES.

The Board of Trustees on Library and Museum, Dr. Edward H. Sholl, chairman, submitted the following report, continued from last session:

Your Trustees of the Alabama Doctors Home, Drs. E. H. Sholl, Peter Bryce, M. C. Baldridge, B. J. Baldwin, J. C. LeGrand, would report that, in accordance with the laws of the State of Alabama, they were duly incorporated as such April 30th, 1891, in the probate office of Jefferson county, Alabama.

Paragraph 4, page 78, Transactions 1890, of the ordinance then passed, reads as follows:

"That if, at the end of five years, the amount of money obtained shall prove to be inadequate for the establishment of said Doctors Home, the trust hereby created shall terminate and be closed out, and any funds that may be on hand shall be paid by said Board of Trustees into the Treasury of the State Medical Association for the use of said Association."

A careful review of the whole situation, the slow and gradual method by which the amount of means required to put this institution on a reasonably firm foundation must be secured, convinces us that, with this limitation of time, the plan cannot be carried out successfully and in accordance with our wishes and desires. In justice to those who may feel disposed to contribute to the establishment of this Home, that this money may go in the channel of their wishes, it will be wiser either to abandon the attempt before any funds are gathered in, or to give an indefinite limit for the acquirement of these funds for the purpose desired.

Until this matter is settled we have not felt it timely to call on the profession for this money.

We leave it for the Association to decide what is best.

Respectfully submitted,

E. H. SHOLL, M. D., Chairman.

On motion, the Association adjourned to meet in the Montgomery Theatre at 8 o'clock P. M., to hear the annual oration by Dr. Benj. Leon Wyman of Birmingham.

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Evening Session—Montgomery Theatre.

Dr. Benjamin J. Baldwin, President, called the Association to order at 8 o'clock and introduced Dr. B. Leon Wyman of Birmingham, orator of the evening.

Through the efforts of the Committee of Arrangements, chosen from the local society for their fitness, everything that could in the least, please the vast audience and satisfy the speaker, was done as few committees know how to do.

Dr. Wyman acquitted himself well in the discussion of his subject, one difficult to handle even by wiser and greater men than he.

Music, recitations, and the presence of dear woman, closed an evening none will soon forget.

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PROCEEDINGS OF THE SECOND DAY.

WEDNESDAY, APRIL 13.

REGULAR REPORTS.

The Association was called to order by the President, Dr. B. J. Baldwin, at 9:45 A. M., and opened with prayer by the Rev. John W. Rush, D. D., of the Court Street Methodist Church.

Unfinished and miscellaneous business being next in order, Dr. Jerome Cochran moved that, inasmuch as Dr. John A. Wyeth of New York, had been suddenly called away, he be permitted to read his paper out of the regular order of reporters. Granted.

THE REGULAR REPORTERS.

The Secretary then proceeded to call the schedule of the regular reporters, and in the order of their appointment:

(1) Bacteriology in Medicine; its Usefulness and Scope, and Especially its Application to Public Health. Wm. C. Bailey, M. D., Knoxville, Tenn.

(2) Antiseptic Midwifery; John Howard Blue, M. D., Montgomery.

(3) Progressive General Paresis; Peter Bryce, M. D., Tuscaloosa.

(4) Wounds and Diseases Involving both Abdomen and Thorax; J. McFadden Gaston, M. D., Atlanta, Ga.

(5) Uterine Hemorrhage after Miscarriage; Henry Mitchell Hunter, M. D., Union Springs.

(6) Gangrenous Abscesses of the Ischio-rectal Spaces; Goldsby King, M. D., Selma.

(7) Trephining for the Cure of Epilepsy; Middleton Michel, M. D., Charleston, S. C.

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(8) The Psychical Import of Variable Achromatopia; an original research. John Edward Purdon, M. D., Cullman.

(9) The Physician's Moral Status to Patrons and People; Barclay Wallace Toole, M. D., Talladega.

(10) Dysentery in Southern Alabama; James Anthony Wilkinson, M. D., Flomaton.

(11) Bloodless Method of Amputation at the Hip Joint; report of fifteen cases. John A. Wyeth, M. D., New York City.

All the foregoing papers were read and, under the rules, referred to the Publishing Committee. The discussions following them may be found in their proper places in the Appendix of Medical and Sanitary Dissertations and Reports.

Adjournment at 2:30 P. M.

Evening Session.

President Baldwin called the Association to order promptly at 8 o'clock.

Presentation of pathological specimens; narration of cases and general discussion of medical topics was called, when Dr. Luther L. Hill, of Montgomery, presented specimens of osteo-sarcoma. Dr. Samuel D. Seelye made remarks upon the subject presented by Dr. L. L. Hill. Dr. Robert S. Hill, of Montgomery, presented two fibroid tumors.

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PROCEEDINGS OF THE THIRD DAY.

THURSDAY, APRIL 14—MORNING SESSION.

THE OMNIBUS DISCUSSION.

The Association was called to order by President Baldwin promptly at 9:45 A. M. Prayer by the Rev. W. H. Harris, of the First Baptist Church.

Under the head of unfinished and miscellaneous business, the Secretary proceeded to call the remaining regular papers left over from yesterday's session (see preceding page).

Discussions following these several papers may be found in their proper places.

A recess of ten minutes was had. Upon re-assembling the omnibus discussion was opened.

The list of volunteer papers was called and the following presented and read by their respective authors:

(1) Report of Cases of Operation for Appendicitis; Dr. W. E. B. Davis, Rome, Ga.

(2) Report of Cases of Surgery and Midwifery; Dr. John Wallace Drewry, Eufaula.

(3) Diagnosis of Some Abominal Tumors; Dr. James Adrian Goggans, Alexander City.

(4) A Case of Injury to Some of the Cervical Vertebræ; Dr. Robert Hughes Hayes, Union Springs.

(5) Diphtheritic Laryngitis, with report of cases; Dr. Samuel L. Ledbetter, Birmingham.

(6) The Adulteration of Food Preparations; Dr. George W. McDade, Montgomery. Read by title.

(7) Fever a Conservative Process; a protest against the abuse of antithermics. Dr. John A. Pritchett, Hayneville.

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(8) The Quarantine Plant of Mobile Bay; Dr. William H. Sanders, Mobile.

(9) The Question of Drainage, Sutures and Dressings of Wounds, with report of cases; Dr. Cunningham Wilson, Birmingham. Read by title.

The discussions following these papers were, in a degree, of interest, but reports of them could not be obtained.

CORRESPONDENCE.

OFFICE OF QUARANTINE BOARD MOBILE BAY,
MOBILE, ALA., April 13, 1892.

To the Medical Association of the State of Alabama:

In session at Montgomery, Ala.

GENTLEMEN—At a regular meeting of the Quarantine Board, held this day, the undersigned was authorized to inform you that a visit would be made by the Quarantine Board to the Quarantine Station with the view of opening the same early on the morning of Thursday, April 28, and, in addition to furnishing the above information, to extend to a delegation, or a committee of your selection, a cordial invitation to join the Board on the occasion of the visit with a view of inspecting said station. It is expected that there will be present, also, delgations from the Boards of Health of New Orleans and Pensacola.

In case of acceptance, be kind enough to notify us prior to date of proposed trip, of the probable number constituting your delegation or committee, and oblige,

Yours most respectfully,
T. S. SCALES, M. D., President.

Dr. Edward H. Sholl, of Birmingham, moved that the Association accept the invitation of Dr. Scales, that a committee of five be appointed to make the visit, and that the Secretary be instructed to notify Dr. Scales officially of the fact, and at once. Whereupon the Secretary returned the following answer:

MONTGOMERY, ALABAMA, April 14.

Dr. Thomas S. Scales, Mobile, Alabama:

DEAR DOCTOR:—I have been instructed to notify you, officially, that your communication of April 13, extending invitation to a delegation

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from this association to visit the new quarantine point in Mobile Bay, on April 28th inst., was accepted, and the following certificates of appointment issued to Drs. Jerome Cochran, Benjamin J. Baldwin, John B. Gaston, Samuel D. Seelye, of Montgomery, and Charles Whelan, of Birmingham; and the 28th day of April the time for the visit.

Very truly, your obedient servant,

T. A. MEANS, M. D.,
Secretary.

THOMAS SIDNEY SCALES, M. D.,
President Quarantine Board Mobile Bay, Mobile, Ala.

REPORT OF COMMITTEE APPOINTED TO EXAMINE QUARANTINE STATION.

The report of the committee on the Mobile quarantine station, is here inserted in advance of its presentation to the association.

To James T. Searcy, M. D.,

President of the Board of Health of the State of Alabama:

SIR:—The undersigned, the committee appointed by you for the purpose of inspecting the new Mobile Quarantine Station near Fort Morgan, proceeded on the 28th of April to visit said station. We went in company with two members of the Quarantine Board of Mobile Bay, delegation of three from the Louisiana State Board of Health, and several prominent citizens of Mobile.

The station consists on shore of a residence for the quarantine physician, and a building intended for the accommodation of the passengers and crews of ships detained for disinfection. By far the larger and more important part of the station, however, is built upon an immense wharf, which extends several hundred feet from the shore until it reaches deep water, while still beyond this wharf is a break-water for the protection of ships lying at the wharf against high winds and rough seas.

Near the end of the wharf projecting farthest into the bay is a large shed containing the apparatus for disinfection, as follows:

First. A large iron cylinder for the application of dry and moist heat. This is of the best construction, is believed to have some advantages over similar cylinders used at other quarantine stations, and is of ample size to accommodate any demands likely to be made upon it. It is for the disinfection of clothing, bedding, baggage and all sorts of textile fabrics.

Second. A large sulphur furnace, with the latest improvements in constructions of this sort, and with an exhaust fan and the necessary tubing, iron and asbestos, for the conveyance of the sulphur fumes from the furnace to the holds of the ship to be disinfected.

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There are some minor defects in this fumigating apparatus which can be corrected at a very trifling cost, which done, the apparatus will be entirely satisfactory. As already indicated, the sulphur fumes are used for the disinfection of the holds of ships and their contents.

Third. A large tank for the bichloride of mercury solution, with the necessary rubber tubes for conveying the solution to wherever it may be needed. This bichloride of mercury solution is a very powerful germicide and is used for the disinfection of the decks and cabins of ships, to supplement the disinfecting agency of the sulphur fumes in the holds, and for disinfection of articles that cannot be safely treated by the application of heat.

At another part of the wharf there is an excellent boat house, with apartments for the crew of the quarantine boats. At still another part of the wharf there is a commodious and comfortable hospital building.

In the construction of the wharf and of the break-water an immense amount of creasoted piles and timbers have been used, involving more than half of the cost of the station. Ordinary unprepared piles, in the brackish waters of Mobile Bay, are destroyed in a few years by the ravages of the teredo. But these creasoted timbers will last, according to the best information to be had, fifteen or twenty years, or perhaps longer. These timbers were creasoted under the constant supervision of an agent of the quarantine board, and it is believed that the work has been thoroughly well done.

Altogether we consider this new quarantine plant to be a thoroughly good one—the full equal of any in the United States in regard to the facilities it furnishes for the efficient and prompt disinfection of ships and their contents. It is not so large, of course, as the great Mississippi Station below New Orleans, but it is quite large enough to supply the quarantine needs of Mobile for many years to come.

We have been thus explicit in our account of this quarantine station not only because it is of great importance to Mobile, but to the people of Alabama generally. Whenever Mobile is threatened with an invasion of yellow fever, Montgomery, Birmingham, Selma and Decatur, and indeed the whole State, are in danger.

All of which is respectfully submitted.

[Signed by] JEROME COCHRAN, M. D.,
J. B. GASTON, M. D.,
B. J. BALDWIN, M. D.,
CHAS. WHELAN, M. D.,
SAMUEL D. SEELYE, M. D.,
Committee.

Adjourned at 2:30 P. M.

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RECEPTION AT THE ELKS' CLUB.

The reception tendered the members of the association at the elegant club rooms of the Elks, by the Medical and Surgical Society of Montgomery county, at 8 o'clock, P. M., was truly a happy gathering of the clan, one of those charming off-hand entertainments as rare as good old wine. On such an occasion as this, visitors had no need to sacrifice their peace to the formalities of comfort and good manners, nor to the aristocracy of spurs, kisses of welcome and kisses of adieu. All blessed the occasion as good men do their wives.

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PROCEEDINGS OF THE FOURTH DAY.

FRIDAY, APRIL 15.

EXECUTIVE BUSINESS.

The Association was called to order by President Baldwin at 9:45 A. M.

The Secretary announced under the head of unfinished business, that the papers of Drs. Davis, Drewry and Hayes, cited in order of arrangement in the proceedings of yesterday, were not read until to-day. Referred, under the rules, to the Publishing Committee.

Dr. James T. Searcy, of Tuscaloosa, moved the following—

VOTE OF THANKS.

The Medical Association of the State of Alabama, recognizing the courtesy and cordial hospitality which they have received during this session of their body in the city of Montgomery, desire to acknowledge with a sense of the deepest gratitude their obligations and appreciation of the same.

Resolved, 1st—We wish to thank the local profession, and their efficient committee, for the magnificent manner in which they have provided for our meetings and our entertainment. They have placed us under lasting obligations, and have fastened upon us the kindest and pleasantest remembrances of our stay in this city under their hospitable care and attention. In this connection, we desire to thank them particularly for the elegant entertainment and reception on Thursday evening. It afforded us a most enjoyable occasion of meeting the members of the Elks' Club in their elegant home, of becoming acquainted with some of the beautiful and elegant ladies, for which this city is noted, and of being introduced to many of its other noted citizens.

Resolved, 2d—That we tender our thanks to Dr. R. M. Mosely for securing the United States Court room for our meeting, and the Hon. John Bruce, Capt. B. Bell and Hon. L. E. Parsons, for the use of their offices during the session.

Resolved, 3d—We desire also to thank the railroads of the State for the reduction they have made in their usual rates in our favor. We

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desire also to thank the press of the city for the full and pleasant reports they have made of our proceedings, and the kindly notices they have given of our members.

Resolved, 4th—This central capital city having always been noted for its generous hospitality and the magnificent manner in which it extends its attentions to its guests, has, on this occasion, made us feel that it has added to the reputation, the culture and refinement of its people, the beauty and elegance of its women, and known from one end of our country to the others. We go to our homes pleased with the pleasantest recollections and appreciations of their attentions to us.

The Senior Censor proceeded to read the nineteenth annual report of the Board of Censors and Committee of Public Health.

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THE NINETEENTH ANNUAL REPORT OF THE BOARD OF CENSORS, INCLUDING REPORTS OF THE STATE BOARD OF MEDICAL EXAMINERS AND COMMITTEE OF PUBLIC HEALTH.

SUMMARY OF CONTENTS.

PART I. THE REPORT OF THE BOARD OF CENSORS. The Work of the State Association—The President's Message—The Reports of the Vice-Presidents—The Report of the Secretary and the Book of the Rolls—The Report of the Publishing Committee—The Report of the Treasurer and the Book of Accounts—The Report of the Board of Trustees of the Doctors' Home—The Roll of the Correspondents—The Revision of the Minutes of the Session of 1891—The Delinquent County Societies—Amendments Laid over at the Last Session—Change in the Time for Holding the Annual Sessions of the Association—The Distribution of the Transactions—The Book of the Rules—Medical Secretary of Public Health—Senator Harris' National Quarantine Bill—The Pan-American Medical Congress—The Memorial of the Alabama Pharmaceutical Association—Amendments to the Charter of the Association—The Work of the County Medical Societies.

PART II. THE REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS. The Work of the State Board—Statement of the Dollar Dues for Examination Papers—Amendment to the Rules Governing the Boards of Medical Examiners—The Supervisors—Illegal Practitioners—Medical Students in Alabama—The Work of the County Boards of Medical Examiners.

PART III. THE REPORT OF THE STATE BOARD OF HEALTH. The Work of the State Board—Financial Statement—The Conference of State Boards of Health—The Color Blind Law—A Bill to Amend, Confirm, and Extend the Color Blind Law—The Supervision of the Health of Towns and Cities—The Work of the County Boards of Health.

PART IV. SUPPLEMENTARY PAPERS. A Bill to Establish a Department of Public Health—The Petition Accompanying the Foregoing Bill.

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PART I. THE REPORT OF THE BOARD OF CENSORS.

THE WORK OF THE STATE ASSOCIATION.

It affords us a great deal of pleasure to be able to say that the association has made satisfactory progress during the past year. Our aggregate membership has been augmented by nearly one hundred new names; the officers of the association have shown commendable energy and devotion in the discharge of their duties, oftentimes laborious and expensive; and the zeal and esprit de corps of our members has never been better than now.

The extent and character of the work of the association now in hand will be sufficiently indicated in the several divisions and subdivisions of this report.

THE PRESIDENT'S MESSAGE.

We have duly considered the recommendations and suggestions contained in the president's message, and proceed to discuss them *seriatim*:

The First Recommendation.

That more stringent rules should be adopted by the county medical societies to compel the collection from members of the dollar dues for the State Medical Association. These dues are collected now in two ways. (1) They are included in the annual dues to the county societies, and taken from the treasuries of the societies and sent up to the association by their delegates. (2) They are not so included in the annual dues which members pay to their county societies; but are independently collected as an additional and outside payment—the treasurers of the societies usually acting as the collecting agents. When collected by the first method the failure to pay would incidentally under the rules involve loss of membership in the county societies; but not expressly for that part of the dues intended for the state asso-

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ciation. When collected by the second method, separate and apart from the society dues there is no penalty for failure to pay except that those so failing do not receive copies of the Transactions. No matter which method of collection is adopted, we are satisfied that there would be very few delinquents if the officers of the societies would give the matter proper and timely attention. Our members are all willing to help the association to the extent of one dollar, especially when they get in return more than the worth of their money. It does not, therefore, seem to us expedient to make any additional rules in regard to the collection of the dollar dues.

The Second Recommendation.

That the hour for calling the association to order on the first day of the annual sessions should be changed from twelve o'clock noon, to eleven o'clock A. M. We recommend that the local committee of arrangements be allowed to exercise their discretion in this matter, with a view to the hours for the arrival of the railroad trains, and to the amount of time needed for the transaction of business on the first day's program; provided they do not fix the hour earlier than eleven nor later than twelve. Heretofore, as a rule, we have had plenty of time between twelve and three for the first day's work; and the experience of this session confirms the rule that three hours is enough.

The Third Recommendation.

That the discussion of the regular reports should be more general, and that more time should be allowed for such discussion. The remarks of the president in regard to the issue raised by this recommendation are worthy of careful consideration. He states truly, that while our organization is ahead of all others in the discharge of its governmental functions, it is excelled by many when it comes to

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scientific papers and scientific discussions. There are good reasons for this: (1) The Medical Association of Alabama is almost the only State medical association in this country that has been invested with governmental functions. As is well known the General Assembly of this state has placed in our hands the administration of important state laws—of the law to regulate the practice of medicine; of the laws in relation to vital statistics and the supervision of the public health; and of the color blind law. The administration of these laws is the special distinction and glory of our association. It should be our pride, as it is certainly our duty, to administer these laws with such wise discretion, and with such ability and energy as will reflect credit on the association, and subserve the best interest of the medical profession of the state and of the people of the state; and this even to the neglect, if necessary, of our scientific functions. In 1875 we called attention to this subject in the following words: "It is well that we should understand that the primary and principle object of the association is not the cultivation of the science and art of medicine. Truly this is a matter not to be neglected, and we hope to accomplish something in this direction also. But it is not this that we have chiefly at heart. Studies of this sort might, perhaps, be pursued quite as profitably and much less expensively at home. We will appreciate most adequately the real character of the association if we regard it as a medical legislature, having for its highest function the governmental direction of the medical profession of the State, while its other functions, important as they are in themselves, are, in comparison with this, of quite subordinate rank." This was written before we had any health laws, and before we had any law to regulate the practice of medicine—when our object was to organize the medical profession in such way as would enable it to exert the utmost possible influence in moulding public opinion and in giving direction

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to legislation in regard to matters of professional importance. If it was appropriate then, how much more is it appropriate now. (2) But independently of the peculiar character of our organization, there are other reasons why our scientific papers and discussions cannot be expected to be equal to those of many other states. The whole number of doctors in the state is not large, and many of them are not of high literary or scientific attainments. We have no great cities, and consequently no great medical centers where great professional prizes are to be won in the way of lucrative incomes or of great professional reputations. The great majority of our doctors are not blessed with any superfluity of this world's goods, and have to work hard three hundred and sixty-five days in the year to make comfortable livings. In this state of affairs we cannot expect a great many of our doctors to become scientific experts in any of the departments of medical knowledge. Better times, in this regard, will come to us when our state has grown wealthy and populous, and when our doctors are able to superadd to thorough literary and scientific culture that thorough training in the various departments of medicine which is necessary to make great and learned medical experts.

In the further discussion of this question of the Regular Reports, the president goes on to state that it is a matter of considerable difficulty to select fitting subjects for the Regular Reports, and to find amongst our doctors anybody willing to accept such subjects and to write them up. Doubtless to a large extent this statement is correct; but in reference to it we beg leave to remark as follows: We are persuaded that very few of our presidents have appreciated fully, in the beginning of their administrations, the full scope and purpose of the rules regulating the regular reports. Instead of selecting subjects themselves of such character as are indicated by the rules, they have pursued

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the easier plan of selecting reporters first and agreeing on the subject afterwards. In the meantime there are subjects enough appropriate for regular reports, such as: Convict management and mortality in Alabama; the prevalence of insanity in Alabama; the eruptive fevers in Alabama; the types of continued fever in Alabama; consumption in Alabama; phthisis pulmonalis, as it occurs amongst the negroes of Alabama; the prevalence of Bright's disease in Alabama; the recent outbreak in Alabama of epidemic influenza, or grippe; pneumonia as it appears in Alabama, and the differences exhibited between the whites and blacks in reference to it; recent progress in gynecology; recent progress in therapeutics; recent progress in surgery; the medical flora of Alabama; the present status of bacteriology, and the influence of bacteria in the production of epidemic diseases; the plasmodium of malarial fevers; diphtheria in Alabama; scarlet fever in Alabama; typhoid fever in Alabama; the sanitary condition of jails in Alabama; the sanitary condition of poor houses in Alabama; the water supply of Alabama cities; the pollution of streams in Alabama; and so on through an indefinite catalogue.

While the subjects suitable for regular reports are thus abundant, it is not advisable to make the number of appointments very large. The second day of the session is devoted to these reports, and there should not be more of them than can be read and discussed in one day. The third day is devoted to volunteer papers, and these are just as important as the regular reports, and we can't afford to shorten the time devoted to them. Each day has its own business, and no other day's business should be allowed to interfere with it.

The Fourth Recommendation.

That the discussion of the methods for the collection of vital statistics, and the methods of conducting examinations under the law to regulate practice, which has heretofore

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been assigned to the evening session of the second day of the meeting might hereafter be dispensed with, and that this evening might be devoted to the exhibition and discussion of pathological specimens. We consider this suggestion to be a good one, provided arrangements can be made to induce the members of the Association to supply the morbid specimens. To carry out this suggestion no special action of the Association is needed. The president at any time can make an effort to get up such an exhibit, and if he succeeds can confer with the Committee of Arrangements and have a place given to it in the program.

The Fifth Recommendation.

That the report of the board of censors should be made less voluminous. But the president admits that he has no suggestion to make as to how this can be done. All the important business of the association has to be referred to the board of censors, and has by them to be maturely considered. With such important functions as we have to discharge hasty and superficial treatment would often lead to unwise action and mortifying mistakes. There is no other way by which the business of the association can be so expeditiously or so prudently discussed as by the board of censors. If our report is sometimes of considerable length it is because we have many important questions to consider and to discuss. It would be better for us, and very much better, to devote the entire time of our annual sessions to this sort of work rather than to fail to give it proper attention. Brevity is a very good thing in its place, but the records of congresses and legislatures are not often remarkable for brevity. And so with the reports of the decisions of supreme courts. We cannot afford to leave any important problem connected with our work without giving it thorough consideration. Take this report on the president's message. He has made a large number of important recommendations. Respect for him and for the interests of the association re-

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quire that all these recommensations should be passed in review and discussed at such length as their importance demands. All of this could have been avoided if the president had made a different sort of message—a message with nothing in it. But it was wise and expedient for the president to call attention to everything which in his judgment affected the interests and prosperity of the association. And in like manner it is wise and expedient for the board of censors to subject the president's message to a thorough examination.

If our association was other than it is, if it had no important and difficult public functions to perform, then the president's message might be devoted to rhetoric instead of business, and the report of the board of censors would be of very little consequence. It has been the policy of the board of censors ever since its organization to discuss as thoroughly as possible every important question brought before it so as to give wise direction to the policy of the association, and so as to create a body of precedents upon which we might always depend for wise guidance. We have discussed this issue at some length because we think it would be most unfortunate for the association to entertain an inaccurate and inadequate appreciation of the immense importance of our board. In one word, suppress the board of censors and its work, and the Medical Association of the State of Alabama would be robbed of the greater part of its usefulness, of its power and influence, and of its unique prestige amongst the associations of the country.

The Sixth Recommendation.

That the rule which recites that no one can be a member of any other county society than that of the county in which he has his legal residence or citizenship should be modified. We do not agree with the president in this recommendation. It is true that it would be more convenient for some doctors

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to be members of societies in counties adjacent to their own. But it would also be more convenient for these doctors to have their legal business transacted in these other counties. And the same legal considerations that stand in the way in the one case stand in the way in the other. The members of county societies have legal duties to perform which they can perform only in their counties. If any plan could be devised by which anyone could be a member of a county society other than that of his own county it would rob him of his legal duties and privileges—and membership of that sort would not be worth having. It is not wise in our judgment to attempt any evasion of these legal restraints.

The Seventh Recommendation.

That no additional correspondents shall be created outside of the state. We agree with the president in his general contention that it is not expedient to create outside of the state any large number of correspondents taking but little interest in our association or its work. Under the constitution correspondents are elected only on the recommendation of the board of censors; and it has been our policy to recommend only those who, after serving for some years as counsellors of this association, have then moved out of the state. In such cases, some claim has been established upon our courtesy, and it is under this feeling that we have heretofore acted in making our recommendations. An examination of the roll of correspondents will show that every member of that class of members who is a non-resident of the state, except one was formerly a resident and a counsellor. It would require an amendment of the constitution to change the rules regulating the selection of correspondents, and we hardly think that this is necessary or even desirable. The association may feel assured that we will be very careful in our recommendations.

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The Eighth Recommendation.

That this association should use its influence to induce our Southern medical colleges to adopt the three course system, and to require a reasonable literary education as a prerequisite to matriculation. We agree thoroughly with the president in all that he says in regard to this very important matter. It is one in which we are specially interested. Alabama draws a large majority of her doctors from Southern medical schools. Many Southern medical students go to college without even a decent knowledge of English grammar, and graduate without any decent knowledge of medicine. Under these circumstances it is very embarrassing in many cases for our examining boards to hold up the standard of qualification sufficiently high. But under these circumstances it is all the more their solemn duty not to allow their sympathies to control their judgments. In the course of time all of our low grade colleges will fall into the disreputable class, and we can then refuse to recognize their diplomas. In the meantime it has been made our duty to address a memorial to the medical colleges in regard to this matter, and to this duty we will now give prompt attention.

The Ninth Recommendation.

That the present status of the color-blind law is so unsatisfactory that it is incumbent on the association, respectfully, to request of the legislature to do one of two things, either to amend the law so as to put it on a proper footing, or else to repeal it altogether and relieve us of the embarrassment of attempting to administer a law which is so framed as to make it impossible for us to do so wisely and efficiently. We agree thoroughly with the president in regard to this color-blind law, and in another part of this report will submit some resolutions in regard to it for the consideration of the association.

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In the meantime, the president's suggestions in regard to defective hearing, are certainly worthy of careful consideration.

THE REPORTS OF THE VICE-PRESIDENTS.

We have duly considered the reports of the vice-presidents. We desire to emphasize again and again the important principle that the reports of our vice-presidents should be circumstantial accounts of the work they have done—the histories of compaigns in the field—and not merely a statement of the information gathered as to the existing status of the several county societies. This information is of great value, but we could get this through other sources than our vice-presidents; it is not to be neglected, but the other feature of the duty of the vice-presidents is of far more importance, and at the same time far more likely to be neglected. It is for this reason that we continue to call attention to it. At present the special staffs of the vice-presidents are composed of the vice-presidents of the county societies of their respective divisions. We now recommend that the delegates of the county societies be added to the staffs of the vice-presidents. Delegates serve for the year following their appointments, and there is a special fitness in making them helpers in the work of the vice-presidents.

The report of the senior vice-president is elaborate, and covers well the ground that should be covered by such a report. It shows evidence of a gratifying amount of field work, not in all the counties, but in as many counties probably as could be expected from one man in one year. He well deserves the plaudit, "well done good and faithful servant."

The report of the junior vice-president does not show such amount of field work. The reasons for this have been explained. In the meantime he has given us an admirable resume of the present condition of the county societies of his division, and we can cheerfully say that he deserves the gratitude of the association.

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THE REPORT OF THE SECRETARY AND THE BOOK OF THE ROLLS.

We have duly examined the secretary's report, and recommend that it be approved by the association.

We have also duly examined the Book of the Rolls, and find it written up to date.

THE REPORT OF THE PUBLISHING COMMITTEE.

We have duly examined the report of the publishing committee, and find the same to be satisfactory, and recommend that it be approved by the association.

THE REPORT OF THE TREASURER AND THE BOOK OF ACCOUNTS.

We have duly considered the report of the treasurer; but under the peculiar circumstances affecting the condition of our finances we are not prepared to make any final report upon it at this time. The circumstances to which we refer have been alluded to by the president in his annual message, in the account he gives of the failure of Moses' bank in which the treasurer had on deposit over fifteen hundred (1500) dollars of the money of the association. At the session of the board of censors in July last, which was called by the president to consider the situation and to devise means for protecting the credit of the association, we found that our available assets not on deposit in the Moses bank amounted to about eight hundred (800), and our current liabilities to about one thousand (1000) dollars. In the course of the inquiry we found that the treasurer had deposited the fifteen hundred (1500) and odd dollars in the Moses bank to the credit of W. C. Jackson, treasurer. We found also, that the deposit was made in what was known as the savings department of the bank, where it was bearing interest at the rate of six per centum per annum, which interest was for the private benefit of the treasurer and not to be paid to the association.

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We had a bond in a substantial security and trust company in the sum of two thousand dollars, but this guaranteed us against loss only in case of dishonesty, embezzlement, or conversion on the part of the treasurer. The fifteen hundred (1500) and odd dollars still constitute a claim against the Moses bank and the treasurer now stands to take his chances with the other creditors of said bank. It is probable that he will ultimately be able to recover somewhere from twenty-five (25) to fifty (50) per centum of his claim.

In view of the facts here rapidly stated, we decided that it would be right for the treasurer to assume the responsibility for the current expenses of the association, he to use the eight hundred dollars he had in hand and to supply the deficit, whatever that might be, from his own means. This he agreed to do, and this he has done. He will doubtless be able to reimburse himself, and more than reimburse himself, for the sum thus advanced, out of his deposit with the Moses bank. We learn by experience. And our experience has taught us two important lessons:

(1) That it is impracticable, in view of the paltry salary which we pay our treasurer, to demand a good and sufficient personal bond in sufficient amount to secure the safety of the association.

(2) That a bond in a guarantee and trust company does not protect us from any loss unless it is incurred through dishonesty or malfeasance on the part of the treasurer.

We have therefore, agreed to recommend to the association the following changes in our financial policy:

(1) That article 47 of the constitution shall be amended by substituting for the word "secretary"—the last word of the article—the words "senior censor."

(2) That article 48 of the constitution—the article requiring the treasurer to give bond—shall be repealed.

(3) That for the future all the funds and securities of the association shall be placed in such banks or depositories

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as may be designated by the board of censors, and shall be drawn out only on orders countersigned by the president and the senior censor.

(4) That the board of censors shall be charged with the duty of examining, auditing, and adjusting the treasurer's report for the past year at any time convenient to them after the adjournment of the present session.

THE ROLL OF THE CORRESPONDENTS.

So far as we have been able to learn no death has occurred amongst the correspondents of the association. There is, therefore, no name to be stricken from the roll. And we have no name to recommend for addition to the roll.

THE REPORT OF THE TRUSTEES OF THE DOCTOR'S HOME.

We have duly considered the report of the trustees of the Doctor's Home, and in view of the statements therein made we recommend that the ordinance creating this said board of trustees, which said ordinance was passed at the Birmingham session of 1890, be rescinded, and that no further effort be made in this direction.

THE REVISION OF THE MINUTES OF 1891.

In the discharge of the duties imposed upon us in regard to the revision of the minutes we have to report as follows:

(1) The name of three delegates who attended the session at Huntsville, and who paid their delegates dues, fail to appear in the list of delegates given on pages 8 and 9 of the Transactions. The three delegates in question are Dr. C. C. Davis, of Tallapoosa; Dr. Goldsby King, of Dallas; and Dr. J. P. Stewart, of Etowah. They probably neglected to register.

(2) It seems very difficult to get the secretary to understand what the omnibus discussion is. We have called his attention to the matter in our review of the minutes for 1890 and 1891, but without inducing any change in his

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methods. The omnibus discussion includes all the volunteer papers, and the discussion of the same, together with the relation and discussion of cases, and of any questions in relation to the practice in the several departments of medicine. It comes regularly on the third day of the session, which is almost entirely given up to it. So far as appears from the minutes, there was no omnibus discussion at our session last year in Huntsville. The only place in which the omnibus discussion is mentioned is on page 76, where reference is made to papers left over from "yesterday's omnibus discussion." But the yesterday alluded to was the second day's session, and, therefore, the day devoted to the regular reports, and in the minutes for that day no mention is made of the omnibus discussion.

In the proceedings of the fourth day the minutes end on page 177 with an account of the election of counsellors. There is no record at all of the election of officers, nor of the election of correspondents, nor of the selection of the place for the next session. Neither is there any record of the adjournment of the association. It seems to be expedient that these omissions should be supplied as follows:

(3) THE REVISION OF THE ROLL OF CORRESPONDENTS.

The board of censors reported the death of two correspondents, namely, Dr. William David Bizzell, of Atlanta, Georgia, and Dr. Caleb Toxey, of Mobile, Alabama, and recommended that their names be stricken from the roll, and that the secretary shall convey to their families the assurance of the sympathy of the association, which recommendation was concurred in. The board of censors recommended that the names of Drs. William Augustus Mitchell and James Polk Rorex should be added to the roll of correspondents, which was carried.

The roll of the correspondents was here closed until the next annual session of the association.

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(4) THE REVISION OF THE ROLL OF OFFICERS.

The secretary announced the following vacancies in the roll of officers, namely:

One president; one vice-president, for two years; two members of the board of censors and committee of public health, for five years; one orator, and one alternate orator.

Whereupon the ballot was ordered and the following results obtained, namely:

President—Benjamin James Baldwin, M. D., Montgomery.

Junior Vice-President—Jacob Huggins, M. D., Newbern.

Board of Censors and Committee of Public Health—Peter Bryce, M. D., Tuscaloosa; James Thomas Searcy, M. D., Tuscaloosa.

Orator—Benjamin Leon Wyman, M. D., Birmingham.

Alternate Orator—Richard Matthew Fletcher, M. D., Madison.

The roll of officers was here closed until the next annual session of the association.

Montgomery was selected as the place for holding the next annual session, second Tuesday in April, 1892.

The newly elected officers were then duly installed.

(4) Following the schedule of regular reporters in the register, on page 258, should be inserted the schedule of special committees, as follows:

BOARD OF TRUSTEES OF DOCTOR'S HOME.

(5) It does not appear from these minutes that the association ever adjourned the Huntsville session; therefore, the following should be added:

It was moved by the senior censor that the association stand adjourned *sine die*.

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THE DELINQUENT COUNTY SOCIETIES.

At the last revision of the roll of the county medical societies, the societies of Cleburne, Lauderdale, Marion, Perry and St. Clair were reported delinquent in representation, reports and dues, and were referred to the board of censors for investigation.

Cleburne County Society.—This society is not in a prosperous condition, but since the adjournment of the Huntsville session its dues have been paid and its report sent up to the secretary. We, therefore, recommend that the Cleburne County Medical Society be retained on the roll, and that we be discharged from the further consideration of this case.

The Lauderdale County Society.—As is well known to the association, the society in Lauderdale county is in a very unsatisfactory condition. We have reason to believe, however, that the circumstances now are more favorable for a revival of interest in our work in this society than it has been heretofore. We, therefore, recommend that the Lauderdale County Medical Society be continued under investigation for another year.

The Marion County Society.—This society has been in a state of chronic suspension for several years. A few months ago it was visited by the senior censor, and the indications now are that it will do fairly effective work. New officers have been elected for the society, and a county health officer appointed. We, therefore, recommend that the Marion County Medical Society be retained on the rolls and that we be discharged from the further consideration of this case.

The Perry County Society.—This society we find to be in as good condition as heretofore. Since the adjournment of the Huntsville session the dues have been paid and the annual report sent up to the secretary. We, therefore, recommend that the Perry County Medical Society be retained on

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the roll, and that we be discharged from the further consideration of this case.

The St. Clair County Society.—We find that this society is holding its own very well. The dues that were delinquent at Huntsville have been paid and the annual report duly rendered. We, therefore, recommend that the St. Clair County Medical Society be retained on the roll, and that we be discharged from the further consideration of this case.

THE TIME FOR THE MEETING OF THE ASSOCIATION.

For reasons sufficiently well understood, we recommend that the time for the annual meetings of the association be changed from the second Tuesday in April to the third Tuesday in April of each year.

AMENDMENTS LAID OVER AT THE LAST SESSION.

(1) At the last annual session of the association we submitted as an amendment to Article 80 of the Constitution the following additional clause, namely: The counsellors and delegates present at any session of the association shall constitute a quorum for the transaction of business. We now recommend the adoption of this amendment.

(2) At the last annual session of the association we recommended the insertion of a new order of business in Article 80 of the Constitution to be number 4½ and to be in these words: The Monitor's Address. We now recommend the adoption of this amendment.

THE DISTRIBUTION OF THE TRANSACTIONS.

At the last session of the association an order was passed to send the Transactions to all entitled to receive them by mail, postage pre-paid. This would have involved an expense of some two hundred dollars. And after the crippling of our resources it became impracticable to execute the order. It is to be hoped that our finances after this meeting will be in a condition to warrant distribution by mail of the current volume.

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THE BOOK OF THE RULES.

An order was passed at the last annual session of the association for the preparation of an appendix to the Book of Rules, said appendix to contain all the new laws and ordinances affecting the association that have been enacted since 1889—the date of the publication of the last edition. This order has not been carried out for the same reason that the order to distribute the Transactions by mail was not carried out. We hope to be able to attend to it during the current year.

There are still on hand a considerable number of copies of the Book of Rules—sufficient to supply any probable demand. We respectfully suggest that every member of the association should have a copy. The cost—fifty cents—is a mere trifle; and without it no one can understand the scope and character and importance of our work. Since our last report forty-five (45) copies have been disposed of, of which forty-one copies were paid for, amounting to twenty dollars and fifty cents. The postage on the forty-five copies disposed of, at eleven cents each, amounts to four dollars and ninety-five cents. This leaves on hand fifteen dollars and fifty-five cents.

MEDICAL SECRETARY OF PUBLIC HEALTH.

We have duly considered the bill to establish a department of public health, prepared at the instance of the American Medical Association, and now pending in both houses of congress. We do not find any serious objection to this bill, but believe it would be improved by the insertion of a clause providing that the proposed secretary of public health should call an annual conference of state boards of health, to assemble in the city of Washington for the discussion of public health questions. We, therefore, recommend that we be authorized to solicit for the pending bill and for the amendment indicated, the favorable consideration of our members of congress.

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THE PAN-AMERICAN MEDICAL CONGRESS.

We have duly considered the plan for the organization of the Pan-American Medical Congress, of which the first session is to be held in Washington in September, 1893, and we recommend the said congress to the favorable consideration of the physicians of Alabama.

SENATOR HARRIS' QUARANTINE BILL.

We have duly considered Senate Bill 38, introduced by Senator Harris of Tennessee, and which is now pending in congress. This bill proposes to place the administration of inter-state quarantine in the hands of a national board of health, under such conditions as will emasculate the health authorities of the states. Bills of this character have been repeatedly introduced into congress during the last ten or twelve years. They have been uniformly opposed by our State Board of Health. Basing his action on this fact the senior censor and state health officer called the attention of our senators and representatives in congress to this bill and begged that they would oppose its passage, which they have promised to do. We recommend that this action of the state health officer be approved by the association.

MEMORIAL OF THE ALABAMA PHARMACEUTICAL ASSOCIATION.

We have considered with the care which its importance demands the memorial of the Alabama State Pharmaceutical Association, which was referred to us at our meeting in Huntsville last year. We desire to say, that it affords us much gratification to note the progress that has been made by the druggists in the organization of their association, and in securing such legislation as enables them to insist on a high standard of qualification as a prerequisite to the practice of pharmacy in this state.

In the memorial under consideration, attention is called: (1), to the use by physicians, of secret or proprietary medi-

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cines; and, (2), to the use by physicians of ready-made prescriptions.

The Use of Secret Nostrums.

The first of these practices, the use by physicians of secret preparations, is one that has been recognized as an evil by the profession for many years, and it is an evil which the profession has very earnestly deprecated. In proof of this proposition we make two quotations from our Code of Ethics:

"Equally derogatory to the professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or others; for if such nostrum be of real efficacy, any concealment in regard to it is inconsistent with beneficence and professional liberality; and if mystery alone gives it value and importance such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

"It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health, and even destruction of life, caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack and secret medicines, or from being in any way engaged in their manufacture and sale."

These words of the code were written many years ago, when secret and proprietary medicines were much less

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numerous than they are now, and it is evident that the war waged against them by the profession has accomplished little or nothing in the way of restraining their sale and use. They have been condemned by the medical profession; but they have been demanded by the people, and they are habitually kept and sold by the druggists. We have no quarrel with the druggists for this. It is in the way of their trade; it contributes considerably to their incomes; and they have the full moral and legal right to do it, and that is the end of it.

The Use of Ready-Made Prescriptions.

The use by the profession of what, in this memorial, is called ready-made prescriptions, but which might just as well be called standard medical preparations or compounds, stands on a very different footing from the use of secret nostrums. Many such compounds are recognized by the pharmacopeias, and many of these are kept ready made by all druggists; and many druggists buy them wholesale from the manufacturing houses of the great cities, either because they find it cheaper, or because they don't care to take the trouble to make them themselves. In the same way many other preparations, not to be found in any pharmacopeia, are made in considerable quantities and dispensed as needed. In the making of many of these compounds the large manufacturers in the great cities who have abundant capital, an outfit of suitable apparatus, and skilled workmen, have frequently decided advantages over the small retail dealer. If sometimes the published formulas are misleading; if sometimes the manufacturer proves to be dishonest or incompetent; and if sometimes their miraculous remedies prove to be of very small value, why these are but the tricks and accidents of trade, and we must put up the best we can with the inconveniences and disappointments to which we are subjected. In the last analysis it is clear that we must of

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necessity depend for the efficacy of all our medicine upon the honesty and skill of those who make them for us; and very often it is a skill above any that we ourselves possess. The doctor of the day does not make his own drugs; he leaves this to the chemist and the pharmacist. Just now the market is flooded with innumerable preparations of the sort under review; and the whole county is full of the travelling agents of the houses engaged in their manufacture. These preparations vary greatly in value. Some are very useful and some are much less so. But on the whole the progress of elegant pharmacy and the extension of the scope of our *materia medica* has been very marked.

If some imprudent druggists order more of these preparations than they can sell and have them left on their hands, that is a matter with which we have nothing to do. As a rule, we are sure the druggists can be trusted to look after their own financial interests. If the competition between the wholesale houses in the great cities and our retail houses at home is sometimes to the disadvantage of the latter, this is a matter we may regret, but it is a matter which we cannot remedy.

Our sympathies are with our home people, but we cannot undertake to control the currents of trade.

AMENDMENTS TO THE CHARTER.

At the last session of the association we were instructed to prepare for submission to this session the draft of a new charter for the association. We have attended to this duty to the best of our ability, and herewith present the draft of a bill for a new charter, which we recommend to the favorable consideration of the association:

A Bill to be entitled An Act to confirm, amend and extend the charter of the Medical Association of the State of Alabama, which was approved on the 13th of February, 1850.

SECTION 1. *Be it enacted by the General Assembly of Alabama,* That James Thomas Searcy, President; Jacob Huggins, Senior Vice-Presi-

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dent; Barclay Wallace Toole, Junior Vice-President; Thomas Alexander Means, Secretary; Walter Clark Jackson, Treasurer; and Jerome Cochran, George Augustus Ketchum, Edward Henry Sholl, Wilds Scott DuBose, John Brown Gaston, Samuel Dibble Seelye, William Henry Sanders, Charles Whelan, Peter Bryce, and Benjamin James Baldwin, Board of Censors; and their associates and successors of the Medical Association of the State of Alabama, be and are hereby constituted a body corporate, under the name and style of the Medical Association of the State of Alabama, and by that name and style may sue and be sued, plead and be impleaded, and have a common seal, with power to change or alter the same at pleasure; and the corporation hereby constituted shall be recognized as the continuation of the corporation instituted under the same name and style by an act of the General Assembly which was approved on the 13th day of February, 1850, and which was composed of A. Lopez, J. Marion Sims, N. L. Meredith, Thos. W. Mason, J. A. English, T. A. Bates, W. B. Johnson and N. M. Jackson, and their associates and successors.

SEC. 2. *Be it further enacted*, That this said corporation, the Medical Association of the State of Alabama, together with the County Medical Societies in affiliation therewith, shall be governed in accordance with the provisions of the constitution adopted by it at its annual session in Tuscaloosa in 1873, and also in accordance with the provisions of the several acts of the General Assembly, which have been or may be enacted for the government of the said corporation; and the said corporation may, from time to time, enact or ordain such by-laws, regulations and ordinances for its government as to it may seem expedient, not in conflict with the laws of this State nor with the provisions of the said constitution of 1873.

SEC. 3. *Be it further enacted*, That the officers of the said Medical Association shall be, as provided for in the said constitution of 1873, as follows: One president, two vice-presidents, one secretary, one treasurer, and ten censors, to be elected according to the provisions of the said constitution, and with the powers and duties therein enumerated; and the Board of the ten Censors shall, in the intervals between the sessions of the said association, constitute the business and executive committee thereof, and shall have the full legal power and authority to act for the said association in the discharge of all of its legal powers, duties and obligations.

SEC. 4. *Be it further enacted*, That in the said Medical Association of the State of Alabama, there shall be four classes of members, namely: (1) The members of the affiliated county societies; (2) Delegates, of which each affiliated society is entitled to two; (3) Counsellors, not to exceed one hundred (100) on the active roll, plus such number of life counsellors as may be transferred to the life roll after twenty years service on the active roll; and (4) Correspondents, all

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according to the provision of the constitution of 1873, with the priveleges and duties as therein set forth; Counsellors and Delegates only to be entitled to vote; and Counsellors alone to be entitled to hold office; and the Counsellors and Delegates, not less than twenty-five, present at any session of the Association, regular or called, to constitute a quorum competent for the transaction of any business that can legitimately come before any session.

SEC. 5. *Be it further enacted*, That the said association is hereby authorized and empowered to have and to hold by purchase, gift, grant, or otherwise, property, real, personal, and mixed, not to exceed in value two hundred thousand dollars, and to sell, hypothecate and dispose of the same at pleasure.

THE WORK OF THE COUNTY SOCIETIES.

Slowly but surely the county societies are growing in organization and efficiency, and increasing in the number of their members. The total number of members has increased some sixty or seventy. There are still, however, a number of counties in which the list of physicians not members is still very much larger than it ought to be. Amongst these we mention Barbour, Bibb, Blount, Chambers, Dallas, DeKalb, Jackson, Jefferson, Lamar, Lee, Limestone, Madison, Marengo, Mobile, Morgan, Pike, Talladega. If the officers of these societies would exert the proper energy they might add more than a hundred names to our aggregate membership before we hold another annual session.

With the hope of helping to impart life and energy to some of the more backward societies and help towards some specially desired object, the senior censor, mostly at his own personal expense, has visited the following counties: Calhoun, Chambers (twice), Colbert, Dallas, Franklin, Greene, Jefferson, Lauderdale, Lawrence, Lee, Macon, Marengo (twice), Marion, Mobile, Morgan, Walker.

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PART II. THE REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS.

THE WORK OF THE STATE BOARD.

During the past year the State Board of Examiners has examined applicants, as follows:

Thomas William Cossey, M. D., Southern Medical College, Atlanta, 1891. Certificate refused.

Halle Tanner Dillon, (colored) M. D., Woman's Medical College of Pennsylvania, 1891. Certificate granted.

John Daniel Crum, (colored), M. D., Howard Medical College, D. C., 1887. Certificate refused.

Alfred Coleman Dungee, (colored), M. D., Howard Medical College, D. C., 1889. Certificate granted.

William Edward Herring, M. D., Baltimore College of Physicians and Surgeons, 1891. Certificate granted.

Percy Nash Richardson, (colored), two courses at Meharry Medical College, but non-graduate. Certificate refused.

Two of these cases, namely, Thomas W. Cossey, and W. E. Herring, were appeal cases, Cossey from the Walker County Board, and Herring from the Jefferson County Board. The case of H. T. Dillon is remarkable as that of the first colored woman examined in the state.

STATEMENT OF DOLLAR DUES FOR EXAMINATION PAPERS.

We have received since our last report one dollar apiece for ninety-seven (97) sets of examination papers which makes	$ 97.00
We had on hand at last report	18.40
This makes a total of	115.40
We have paid for binding one hundred and nineteen (119) sets of papers at fifty (50) cents apiece.	59.50
For expressage	4.80
Total expenditures	64.30
This leaves balance on hand	51.10

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AMENDMENT TO THE RULES GOVERNING THE BOARDS OF MEDICAL EXAMINERS.

In order to perfect our present system of examinations, we recommend the adoption of the following draft of an ordinance:

Be it ordained by the Medical Association of the State of Alabama, That no person shall be eligible for examination by any of the authorized boards of medical examiners without being a graduate of some reputable medical college; that the examinations shall be exclusively in writing; and that the examination papers shall be promptly forwarded by the several county boards to the chairman of the State Board, who shall have them duly bound and kept on file, and open to the inspection of all who may desire to see them.

THE SUPERVISORS.

We desire again to call the attention of the county boards of medical examiners to the great importance of selecting competent persons to act as supervisors. If the supervisor is not competent from an intellectual and educational point of view the work is apt to be done in a bungling way so as not to reflect credit on anybody concerned. If the supervisor is not a man of reputable character, doubt must necessarily obtain as to whether or not the examination was honestly conducted. A good supervisor having been selected, the next thing for the county board to do is to see that he is thoroughly informed as to the scope and plan of our examinations. To this end, he should be required to read carefully all the rules in relation to examinations in the third chapter of the Book of Rules.

ILLEGAL PRACTITIONERS.

The information in our possession shows that the number of illegal practitioners in the state is rapidly diminishing, and that they now average less than one for each county. This diminution occurs in two ways:

(1) First, a number of them have found the position they occupied so unpleasant that they have left the state.

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(2) Secondly, a very considerable number of them have come up recently for examination, and in this way have secured legal and reputable standing.

For example, a few months ago there were nine illegal doctors in Marengo county. Now there are only two. In the meantime, in the majority of the counties there are no illegal doctors at all.

Under these circumstances we see no reason for making any change in our rulings in regard to the policy to be pursued towards these illegal doctors, and we recommend that existing rules in regard to them be reaffirmed and continued in force.

MEDICAL STUDENTS IN ALABAMA.

In response to the resolution passed at the last session, which was duly communicated by us to the county boards of examiners, in relation to the number of medical students in the state, we have received replies from fifty-four counties. These replies are doubtless not always accurate, but they undoubtedly give a close approximation to the real facts.

The whole number of students of medicine reported is eighty-eight. Of these, twenty-six were examined or had literary diplomas or scholastic certificates equivalent to examination. This leaves sixty-two who so far as these reports show had no preliminary examination, and no evidence of literary qualification. Thirty (30) are reported to have preceptors which leaves fifty-eight (58) with no preceptors reported. A considerable number were reported as attending medical colleges, and by this time many of these have graduated.

Allowing a wide margin for inaccuracies, the reports received show that less than half the medical students in Alabama are subjected to the preliminary examination required by our rules; and that not more than half had the advantage of study under a preceptor. It is therefore evident, that a large majority of our medical students go to the medical

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colleges without any adequate preparation. It goes without saying that they find colleges in which they can matriculate without question.

From all these considerations it is easy to see, that the average attainments of Alabama graduates—we mean new graduates—are not very high. And from these considerations it also follows that the only protection against poorly qualified doctors for the profession and for the people is to be found in the faithfulness and efficiency of our boards of medical examiners. These boards should appreciate more than ever the importance of their functions. The number of examinations that will have to be made within a few months promises to be more than usually large; and we very earnestly urge that our boards should act promptly and decidedly, and that they shall not hesitate to reject incompetent applicants. The time has come indeed, when a wise policy dictates to the examining boards throughout the state, a more stringent application of the rules in regard to qualifications. They should not award the certificate to anyone under any circumstances, except upon evidence of a decent knowledge of medicine, and of ability to write decent English.

THE ART OF ASKING QUESTIONS.

It is still necessary to impress upon the county boards the great importance of selecting questions that shall fairly and accurately test the knowledge of the applicants who present themselves for examination. It is also necessary, strange as it may seem, to remind some of the county boards that examinations are not strictly legal unless they in all respects conform to the rules laid down for the government of said boards in the Book of Rules; and especially that examinations should be confined to the ten schedule branches prescribed in rule (9), page 92 of said Book of Rules.

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Some of the blunders that have been made are indicated in the following extracts from notes prepared by members of the State Board as results of their review of the papers for the past year. The boards that have blundered are intentionally not mentioned by name.

In regard to an otherwise fairly good examination occurs this remark:

In the examination on the mechanism of labor, of the six questions asked not one pertains to the subject in hand, but are all directed to general obstetrical work, missing entirely the real purpose of this branch.

In regard to another examination:

On anatomy, twenty-two (22) questions are asked. While the examination is thorough, it could be made sufficiently so without going so largely into details. We have here, also, an examination on *materia medica*, with thirty-three questions. No examination in *materia medica* is now required. In this examination, also, in mechanism of labor, occur such irrelevant questions as these:

What is the period of gestation?

What is natural labor?

What are the duties of the physician?

In regard to another examination in the mechanism of labor, and, take it altogether, a very good one indeed:

What are the signs and symptoms of pregnancy?

Mention the disorders of pregnancy.

What is the term of uterogestation in the human female, and by what rule is it to be determined?

How would you conduct a natural labor?

What are the dangers and accidents of labor, and to what are they due?

All very well in themselves, but not one of them germane to mechanism of labor, or obstetric operations.

In regard to another examination:

In this examination, in the department of surgery, there are nominally six questions, but they embrace thirty distinct subjects. If expanded into thirty questions it would require a treatise to answer them, the scope is so wide.

In regard to another examination, and one of the best in many respects:

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In chemistry there are twenty-seven (27) questions—more than are necessary. Also, contrary to the rules, there is an examination in obstetrics, extending to twenty-three (23) questions—many more than are necessary.

In regard to another examination in one of our largest counties:

There is this indefinite question: What medicines are best to employ in labor cases?

In regard to another examination, in which the applicant was passed:

This applicant should have been rejected. Still some of the questions are too complex, as: Give number, origin and distribution of the cranial nerves. To which the applicant replies, "I cannot answer your question without writing a treatise on practice" (*sic*). He dismisses the subject of dysentery in four short lines, misspelling dysentery at that.

In regard to another examination:

Some members of the board deserve criticism for number and form of questions—fifteen (15) on physiology, sixteen (16) on natural history of diseases. Such questions as:

What organs compose the nervous system?

To what does sensibility exclusively belong in animals?

In regard to another examination:

Fault might be found to the questions on some of the branches. For instance: In anatomy there are nine (9) questions, eight (8) of which are devoted to the liver, and one (1) to the *vena porta*. In the first place, an examiner ought to be able to find out as much about the liver as is necessary without asking eight (8) questions; and in the second place, anatomy comprises other organs and tissues besides the liver. In physical diagnosis there are four (4) questions, as follows:

What is physical diagnosis?

What is auscultation?

What is percussion?

What are the physical signs of the second stage of pneumonia?

The criticism on this part of the examination is obvious.

In regard to another examination:

The questions by the board are open to much criticism. Examples of poor ones:

What is the chief relationship that chemistry bears to the practice of medicine?

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Define and classify disease.

Classify the causes of disease.

Define and classify temperaments.

Define and classify diatheses.

Give etiology, pathology, symptomatology, and differential diagnosis of puerperal fever.

Would it be possible to get up a more inappropriate set of questions than the five (5) on the natural history of diseases?

In regard to another examination—the applicant rejected:

The applicant writes so miserably that it is like cutting your way through a jungle to read his scrawl. He is beastly ignorant of both medicine and English.

THE WORK OF THE COUNTY BOARDS OF MEDICAL EXAMINERS.

The county boards of medical examiners have made reports for 1891 as follows:

Autauga county board. For the study of medicine none. For the practice of medicine none.

Baldwin county board. For the study of medicine none. For the practice of medicine none.

Barbour county board. For the study of medicine none. For the practice of medicine—

John Clifton Flemming, M. D., Medical College of Alabama, 1891. Certificate refused.

George Oscar Wallace, M. D., Medical College of Alabama, 1891. Certificate granted.

Benjamin Smart Warren, M. D., Medical Department of Tulane University, 1891. Certificate granted.

Hamilton Moore Weeden, M. D., Medical College of Alabama, 1891. Certificate granted.

These examinations were conducted in fairly good style. In some of the branches the questions are rather more numerous than is necessary. The supervisor in one or two cases allowed both sides of the paper to be written on; and the examiners have sometimes used small sheets for their ratings.

Bibb county board. For the study of medicine none. For the practice of medicine—

Charles Jefferson Stewart, M. D., Medical College of Alabama, 1891. Certificate granted.

On the part of the board these examinations were poorly done. There are missing the applications, the supervisor's certificates, the valuations of the answers, and consecutive lists of questions. The questions in physiology are not well chosen. Most of the other questions are fairly good.

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Blount county board. For the study of medicine none. For the practice of medicine none.

This board has reported no examinations since 1887. We have reason, however, to believe that they have made several examinations since then which have not been reported. It is hoped that hereafter this board will be more careful in the discharge of their duty.

Bullock county board. For the study of medicine none. For the practice of medicine none.

Butler county board. For the study of medicine none. For the practice of medicine—

Walter Jay Bell, M. D., Medical Department of Tulane University, 1891. Certificate granted.

William Crittenden Dewberry, M. D., Medical College of Alabama, 1891. Certificate granted.

Charles Webb Shepperd, M. D., Southern Medical College, Atlanta. Certificate granted.

Francis Marion Thigpen, M. D., Medical Department of Tulane University, 1891. Certificate granted.

These papers came up in fairly good order. Fault can be found with some of the questions put by the board. For example, in anatomy in one set of papers there are nine questions, of which eight relate to the anatomy of the liver. An examiner ought to be able to find out a good deal about the anatomy of the liver without asking eight questions, and there are other organs and tissues besides the liver that require attention. In one set of papers none of the questions under the head of the mechanism of labor relate to that subject. The applicants acquit themselves with various degrees of credit. Dr. Thigpen's examination deserves special mention.

Calhoun county board. For the study of medicine none. For the practice of medicine—

William Thomas Morgan, M. D., Vanderbilt University, 1891. Certificate refused.

John Howard Murfee, M. D., College of Physicians and Surgeons, New York, 1867. Certificate granted.

This board is doing good work. The questions are fairly well chosen and the papers come up in good order.

Chambers county board. For the study of medicine none. For the practice of medicine none.

The Chambers county board has been, as stated in our last report, culpably negligent of its duties. The result is that there are several illegal doctors in the county. Recently the board has been to a considerable extent reorganized, and promises to do better work.

Cherokee county board. For the study of medicine none. For the practice ef medicine—

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Jacob Wiley Majoland Brown, M. D., Eclectic Medical College of Georgia, 1891. Certificate refused.

Alexander Alonzo Barge, M. D., Atlanta Medical College, 1891. Certificate granted.

These papers came up in very fair order and include all the schedule branches. But many of the questions are not well chosen. The questions on chemistry are very indefinite in one of the examinations. One of the questions in anatomy is a catch question and therefore improper. This is specially mentioned because while the question is incorrectly answered it is still rated at seventy-eight. In the other examination the questions are no better. Under the head of physical diagnosis there at eight questions devoted to rheumatism. The ratings are out of all proportion to the answers. This board is respectfully referred to the section entitled, "The Art of Asking Questions." page 110 of the Book of Rules.

Chilton county board. For the study of medicine none. For the practice of medicine none.

Choctaw county board. For the study of medicine none. For the practice of medicine—

Joseph Langley Granberry, M. D., Louisville Medical College, 1891. Certificate granted.

In this examination there are missing the supervisor's certificate and the separate lists of ratings. The questions are fairly good. The board was very lenient in granting the certificate.

Clarke county board. For the study of medicine none. For the practice of medicine—

William M. Burroughs, M. D., Medical College of Alabama, 1891. Certificate granted.

This examination comes with application, supervisor's certificate, ratings, and papers on natural history of diseases, mechanism of labor, and medical jurisprudence, all missing. Contrary to rule, a paper on materia medica and therapeutics is inserted, and questions on treatment are included under the head of physical diagnosis. The questions asked are generally too simple and elementary. In a word, this board could hardly have done worse.

Clay county board. For the study of medicine none. For the practice of medicine—

Joseph Albert Gibson, M. D., Atlanta Medical College, 1890. Certificate granted.

Doras Lee Stevens, M. D., Medical College of Alabama, 1891. Certificate granted.

In these examinations the questions in some of the branches are fairly good, in others not so good, and in some they are too few to test the knowledge of the applicant. All the schedule branches are included, and the papers are in good order.

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Cleburne county board. For the study of medicine none. For the practice of medicine none.

This board has not been doing its duty. It should have made some examinations.

Coffee county board. For the study of medicine none. For the practice of medicine none.

Colbert county board. For the study of medicine none. For the practice of medicine—

Atticus G. Haygood, M. D. Certificate granted.

In this examination the application is missing. The supervisor certifies that the examination was made in strict accordance with the rules, and yet he has failed to put in the tables of the ratings. The questions are for the most part fairly good, but a few of them are open to objection.

Conecuh county board. For the study of medicine none. For the practice of medicine none.

Coosa county board. For the study of medicine none. For the practice of medicine—

James Columbus Cousins, M. D., University of Maryland, 1891. Certificate granted.

Cecil K. Maxwell, M. D., Medical College of Alabama, 1891. Certificate granted.

Malcom Daniel Smith, M. D., University of the City of New York, 1891. Certificate granted.

On the part of the board these examinations were very badly conducted. There are for most of them no ratings, many of the questions are badly chosen, and several of the schedule branches are omitted. It is hoped that this board will do better work.

Covington county board. For the study of medicine none. For practice of medicine none.

We are informed that this board has two sets of examination papers on hand—one set by Dr. Ealum and one by Dr. Stenson—but we have been unable to obtain them.

Crenshaw county board. For the study of medicine none. For the practice of medicine none.

Cullman county board. For the study of medicine none. For the practice of medicine—

James A. Collins, M. D.

This examination came up in bad order, with no application and the examination in anatomy missing. The ratings in most of the branches are extravagantly high.

Dale county board. For the study of medicine none. For the practice of medicine—

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Samuel Mathew Crawford Howell, M. D., Atlanta Medical College, 1891. Certificate granted.

Theophilus T. Glover, M. D., St. Louis Medical College, 1891. Certificate refused.

James M. Hollis, M. D., American Medical College, St. Louis (Eclectic), 1891. Certificate granted.

D. Robert Moody, M. D., College of Physicians and Surgeons, Baltimore, 1891. Certificate granted.

Phillip Benton Spears, M. D., Eclectic Medical College of Georgia, 1891. Certificate granted.

William Ree Belcher, M. D., Southern Medical College, Atlanta, 1889. Certificate granted.

These papers came up in tolerably good order, and include all the schedule branches. The applicants were all very generously treated, but there was good reason for this. The questions, many of them, were very simple and badly chosen, and are open to much criticism. In physical diagnosis there are eighteen questions, several of them not coming properly under that head, and some of no use in the world. The questions in the natural history of diseases in some of the papers are of abstract instead of practical character, and are very poorly adapted to test the applicants knowledge of medicine. The members of this board need to study the "Art of Asking Questions" on page 110 of the Rook of Rules.

Dallas county board. For the study of medicine none. For the practice of medicine—

William Wade Harper, M. D., Tulane University, 1891. Certificate granted.

John Thomas Moore, M. D., Medical College of Alabama, 1891. Certificate granted.

Dr. Harper's examination deserves special mention, and is very creditable to him. In Dr. Moore's examination some fault can be found with the board, or the supervisor, the papers not being as neatly arranged as might be, and the ratings are high.

DeKalb county board. For the study of medicine none. For the practice of medicine—

Frank H. Gardener, M. D., College of Physicians and Surgeons, Baltimore, 1891. Certificate granted.

With the exception of some irregular sized sheets the papers are in good order. In some of the branches the questions are good, in others very faulty. The applicant sustains himself well.

Elmore county board. For the study of medicine none. For the practice of medicine none.

Escambia county board. For the study of medicine none. For the practice of medicine—

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Edwin T. Parker, M. D., Tulane University, 1891. Certificate granted.

Walter R. Thompson, M. D., University of Louisville, 1891. Certificate granted.

These papers on the whole are fairly good, but admit of some criticism. The paper used is not all of the same size; the ratings are in pencil; and only nine of the schedule branches are included. In physical diagnosis and medical jurisprudence there are only three questions, in each, not enough to test the applicants knowledge. Diseases of women and children take the place of obstetric operations. With a little study of the Book of Rules this board would do good work.

Etowah county board. For the study of medicine none. For the practice of medicine—

Henry Torrey Gilliland, M. D., Louisville Medical College, 1890. Certificate refused.

Madison Burns Pollard, M. D., New Orleans School of Medicine, 1860. Certificate granted.

Albert Sidney Riddle, M. D., Eclectic Medical College of Georgia, 1890. Certificate refused.

These examinations have not been gotten up with the care and neatness that befits a matter of so much importance as the examination for the practice of medicine in this state. The paper used is of various sizes. In several of the branches the questions are too numerous, and some of them badly chosen. In the meantime the ratings of the board seem to have been substantially correct in all the cases.

Fayette county board. For the study of medicine none. For the practice of medicine—

Henry J. Aberly, M. D., Grant University, 1891. Certificate granted.

This examination comes with separate questions only in chemistry and anatomy. Contrary to rule a paper on *materia medica* is inserted. Some of the questions are badly selected, and the ratings are uniformly too high.

Franklin county board. For the study of medicine none. For the practice of medicine none.

While no examination papers have been received from this board we learn that there was one examination made of which the papers were lost—in the case of Dr. McDowell. Certificate granted.

Geneva county board. For the study of medicine none. For the practice of medicine none.

Greene county board. For the study of medicine none. For the practice of medicine—

Stephen Roundtree Cook, M. D., Medical College of Alabama, 1891. Certificate granted.

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George Amos Moore, M. D., Medical College of Alabama, 1891. Certificate granted.

M. K. Patton, M. D., Tulane University, 1891. Certificate granted.

In some respects these examinations were not conducted in strict accordance with the rules of the association. In some of them the schedule has not been strictly followed, mechanism of labor being omitted and practice of medicine introduced. The applicants were all properly passed.

Hale county board. For the study of medicine none. For the practice of medicine none.

Henry county board. For the study of medicine none. For the practice of medicine—

J. R. Blackledge, M. D., Medical College of Alabama, 1889. Certificate granted.

Walter E. Brown, M. D., Louisville Medical College, 1891. Certificate granted.

R. B. Stapleton, M. D., college not given. Certificate granted.

W. H. Williams, M. D., Memphis Medical College, 1891. Certificate granted.

The board deserves no credit for the way these examinations were conducted. But one shows the application; and one the supervisor's certificate. There are no ratings. The papers on natural history of diseases, physical diagnosis, and mechanism of labor are missing, while papers on practice and *materia medica* are inserted contrary to the rules. There were some reasons why the board might have exercised some leniency in these cases; but no reason why they should not have observed the formal regulations.

Jackson county board. For the study of medicine none. For the practice of medicine—

Clarence Freeman, M. D., Atlanta Medical College, 1891. Certificate granted.

John Daniel Freeman, M. D., Beaumont Hospital Medical College, 1871. Certificate granted.

These examinations were conducted in fairly good style; but some of the examiners gave too many questions; and some of the questions in mechanism of labor hardly belong under that head.

Jefferson county board. For the study of medicine none. For the practice of medicine—

Arthur McKinnon Brown, M. D., Medical Department of the University of Michigan, 1891. Certificate granted.

Adalbert B. Burke, M. D., Imperial Medical College of Vienna, Austria, 1887. Certificate granted.

William Edward Hering, M. D., College of Physicians and Surgeons, Baltimore, 1891. Certificate refused.

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Charles Jefferson Hester, M. D., Louisville Medical College, 1887. Certificate granted.

Norman Hyde Hudson, M. D., Long Island Hospital Medical College, 1890. Certificate granted.

Anna M. Longshore, M. D., Woman's Medical College, Pennsylvania, 1851. Certificate refused.

William Hinton Wilder, M. D., Medical Department of the University of the City of New York, 1891. Certificate granted.

These examinations, like all the work of this board, have been thoroughly well done.

Lamar county board. For the study of medicine none. For the practice of medicine—

William Arthur Burnes, M. D., Memphis Hospital Medical College, 1891. Certificate granted.

This examination is fairly satisfactory.

Lauderdale county board. For the study of medicine none. For the practice of medicine none.

Lawrence county board. For the study of medicine none. For the practice of medicine—

James Thomas Pitt, M. D., Medical Department of the University of Nashville, 1886. No final action.

The papers in this case reflect no credit on anybody concerned.

Lee county board. For the study of medicine none. For the practice of medicine—

Edgar J. Spratling, M. D., College of Physicians and Surgeons, Baltimore, 1891. Certificate granted.

David M. Wheelis, M. D., Southern Medical College, Atlanta, 1891. Certificate granted.

These examinations are fairly good; but they came up in very bad order, written on papers of different sizes, and with some of the questions lost.

Limestone county board. For the study of medicine none. For the practice of medicine—

John Lewis Davis, M. D. Certificate granted.

Alfred Langdon Gaston, M. D. Certificate granted.

Mack Moore, M. D., Medical College of Alabama, 1890. Certificate granted.

J. M. Vance, M. D., Vanderbilt University, 1890. Certificate granted.

This board formerly did very fair work, but it has no occasion to be proud of these examinations. The questions, many of them, are badly chosen, some of the papers have been lost, and the remainder came up in bad order.

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Lowndes county board. For the study of medicine none. For the practice of medicine—

Louis Brown Bouchelle, M. D., Atlanta Medical College, 1891. Certificate granted.

Chilton Wood Powell, M. D., Medical College of Alabama, 1891. Certificate granted.

William Payne Russell, M. D., Atlanta Medical College, 1891. Certificate granted.

John Louis Snow, M. D., Medical College of Alabama, 1891. Certificate granted.

These examinations are very elaborate. Indeed they are more elaborate than is necessary. Twenty-one questions in surgery and thirty-six in mechanism of labor are too many. In some of the papers the ratings are rather high. Still this board does good work. The examination of Doctor Bouchelle is mentioned as specially meritorious.

Macon county board. For the study of medicine none. For the practice of medicine—

James Pickett Colvin, M. D. Certificate granted.

James Thomas May, M. D., Medical College of Alabama, 1891. Certificate granted.

This board has done its work very badly. The examinations were greatly delayed, and were finally made in a very unsatisfactory fashion. The papers came up in very bad order.

Madison county board. For the study of medicine none. For the practice of medicine—

Walter Constantine Sanders, M. D., Memphis Medical College, 1890. Certificate granted.

A very good examination, creditable to the board and to the applicant.

Marengo county board. For the study of medicine none. For the practice of medicine—

J. W. Todd, M. D., Medical College of Alabama, 1890. Certificate granted.

This examination is barely of average merit, and not up to the standard formerly characteristic of this board.

Marion county board. For the study of medicine none. For the practice of medicine none.

Marshall county board. For the study of medicine none. For the practice of medicine—

Thaddeus Alonzo Casey, M. D., Vanderbilt University, 1891. Certificate granted.

Edward Monroe Jenkins, M. D., Vanderbilt University, 1891. Certificate granted.

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Phocian B. Lusk, M. D., Bellevue Hospital Medical College, 1891. Certificate granted.

John Leonidas Rains, M. D., Vanderbilt University, 1891. Certificate granted.

This board has done very little work heretofore, and may therefore be excused for some crudeness. The papers are not neatly arranged, and the ratings are too high. These applicants should have passed, but should have passed with lower ratings.

Mobile county board. For the study of medicine none. For the practice of medicine—

Curtis B. Carter, M. D., Medical College of Alabama, 1890. Certificate granted.

William Richard Kell, M. D., Bellevue Hospital Medical College, 1890. Certificate granted.

E. B. LeFevre, M. D., Ohio Medical College, 1889. Certificate granted.

Jefferson Eugene Marsh, M. D., Rush Medical College, 1882. Certificate granted.

William Jasper McCain, M. D., Medical College of Alabama, 1891. Certificate granted.

Charles William Moore, M. D., Medical College of Alabama, 1890. Certificate refused.

Thomas Hampton Moore, M. D., Medical College of Alabama, 1890. Certificate granted.

J. B. Sappington, M. D., University of Nashville, 1860. Certificate refused.

Several of these examinations should have been reported last year. The supervisor excuses himself on the ground that he was not able to induce some members of the board to rate their papers. Some of the older papers are more or less defective. The later ones are in good style. All of them average very well so far as the thoroughness of the examinations are concerned. It is reported that this board gave some sort of authority to a Mexican worm doctor to practice that specialty.

Montgomery county board. For the study of medicine none. For the practice of medicine—

John Mordicai Anderson, M. D., Medical Department of the University of the city of New York, 1891. Certificate granted.

Robert Sommerville Hill, M. D., Medical Department of the University of the city of New York, 1891. Certificate granted.

William Benjamin Trimble, M. D., Medical Department of the University of the city of New York, 1891. Certificate granted.

These are all first-class examinations, and reflect credit on both the board and the applicants. The papers come up also in admirable order.

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Morgan county board. For the study ot medicine none. For the practice of medicine—

P. C. Bradley, M. D., Louisville Medical College, 1891. Certificate granted.

David Walker West, M. D., Medical College of Alabama, 1891. Certificate granted.

Simon M. Wilhite, M. D., Memphis Medical College, 1891. Certificate granted.

These papers came too late to be submitted to a careful examination. But a hasty inspection is enough to show that they are not specially creditable to the board.

Monroe county board. For the study of medicine none. For the practice of medicine—

Frank H. Mason, M. D., Medical College of Alabama, 1891. Certificate granted.

Thomas Morton McMillan, M. D., Tulane Univeristy, 1891. Certificate granted.

James Lawrence Sowell, Tulane University, 1891. Certificate granted.

These examinations are fairly good.

Perry county board. For the study of medicine none. For the practice of medicine none.

Pickens county board. For the study of medicine none. For the practice of medicine none.

Pike county board. For the study of medicine—

Oscar Carlisle. Certificate granted.

John R. Dewberry. Certificate granted.

Charles Wesley Hillard. Certificate granted.

These preliminary examinations are entirely satisfactory, with one exception, namely; there is no certificate that they were written under supervision.

For the practice of medicine—

W B. Hendrick, M. D., Louisville Medical College, 1890. Certificate granted.

C. Hendrick, M. D., Medical College of Alabama, 1890. Certificate granted.

Cicero Jones, M. D., Vanderbilt University, 1890. Certificate granted.

The work of this board has been fairly well done; but the ratings are very liberal indeed. The papers of Dr. W. B. Hendrick are decidedly the most meritorious.

Randolph county board. For the study of medicine none. for the practice of medicine none.

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Russell county board. For the study of medicine none. For the practice of medicine—

J. P. Norris, M. D., Atlanta Medical College, 1891. Certificate granted.

This examination is not creditable to the board.

Shelby county board. For the study of medicine none. For the practice of medicine—

Andrew Jackson Farley, M. D., Medical College of Alabama, 1891. Certificate granted.

James William Howard, M. D., Atlanta Medical College, 1891. Certificate granted.

Garland H. Smith, M. D., Medical College of Alabama, 1890. Certificate granted.

Edward Fish Upham, M. D., Castleton Medical College, Vermont, 1847. Certificate granted.

Jefferson Davis, M. D., Medical College of Georgia, 1890. Certificate granted.

James T. Tayler, M. D., University of Pennsylvania, 1885. Certificate granted.

Several of these examinations were made in 1890, but they were not sent in time to be included in our last year's report. This board has been exceedingly derelict in the discharge of its important functions. About half of the schedule branches are omitted from most of the examinations. The applications, supervisor's certificates, and separate ratings are in like manner omitted. Some of the examinations are farcical. In one word, it is not easy to see how any board could have done worse work. Some of the examinations, as far as they go, are creditable to the applicants; and some are quite the reverse of creditable.

St. Clair county board. For the study of medicine none. For the practice of medicine none.

Sumter county board. For the study of medicine—

Walter Russell McKinley. Certificate granted.

This preliminary examination is creditable to everybody concerned.

For the practice of medicine none.

Tallapoosa county board. For the study of medicine none. For the practice of medicine—

Eugene Walker Hart, M. D., Baltimore School of Medicine, 1891. Certificate granted.

Hartford Lee Ison, M. D., Southern Medical College, Atlanta, 1891. Certificate granted.

Charles Starr Webb, M. D., Atlanta Medical College, 1891. Certificate granted.

These examinations are very incomplete. The questions are fairly good in some branches, and in others very poor. There is a good deal

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of bad orthography in the questions, which is not to the credit of the board.

Tuscaloosa county board. For the study of medicine none. For the practice of medicine—

John Lewis Davis, M. D., Vanderbilt University, 1891. Certificate refused.

Prewitt LaFayette Hagler, M. D., Medical College of Alabama, 1891. Certificate granted.

Timothy Miles Leatherwood, M. D., Medical College of Alabama, 1891. Certificate granted.

These examinations are barely passable. The ratings are high in all the branches, and the board has shut the eyes of its members to a good deal of bad spelling on the part of one of the applicants.

Walker county board. For the study of medicine none. For the practice of medicine—

Thomas William Cossey, M. D., Southern Medical College, Atlanta, 1891. Certificate refused.

Landon Aubrey Woodson, M. D., Virginia Medical College, 1860. Certificate granted.

These examinations were fairly well made.

Washington county board. For the study of medicine none. For the practice of medicine none.

Wilcox county board. For the study of medicine none. For the practice of medicine—

Thomas Warburton Jones, M. D., College of Physicians and Surgeons, New York, 1890. Certificate granted.

David Lipscomb Watson, M. D., Medical College of Alabama, 1891. Certificate granted.

These papers are gotten up in good style. Dr. Watson's examination is, however, minus the paper on physical diagnosis.

Dr. Jones' examination is far above the average.

Winston county board. For the study of medicine none. For the practice of medicine none.

PART III. THE REPORT OF THE STATE BOARD OF HEALTH.

THE WORK OF THE STATE BOARD.

We are very glad to be able to report satisfactory progress in the work of our board during the past year. In the great work of collecting the vital statistics of the state the improvement from year to year is marked and unmistakable. This

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is by far the most difficult work ever undertaken by any board of health or by any medical organization in the world, and for the measure of success which we have achieved we have good reason to congratulate ourselves. This enterprise in Alabama has ceased to be an experiment, and our ultimate success is simply a matter of time.

During the past year our state has been visited by only one great epidemic invasion—influenza or grippe. This entered first the northern part of the state, and slowly followed the lines of travel southward. Very few sections of the state escaped it, and its prevalence was widespread and general. As it travelled southward it seemed to become of milder type, but in all parts of the state it added something to the rates of mortality—chiefly from its complications with pneumonia. A remarkable fact in connection with it is that it attacked the negro population to a much less extent than the white population. Indeed the negroes seem to have been comparatively exempt from it.

FINANCIAL STATEMENT.

THE STATE BOARD OF HEALTH,

In account with the STATE OF ALABAMA:

1891				Dr.
April 30.	To cash from	Auditor	.....	$ 250 00
May 30.	"	"	.....	250 00
June 30.	"	"	.....	250 00
July 31.	"	"	.....	250 00
Aug. 31.	"	"	.....	250 00
Sept. 30.	"	"	.....	250 00
Oct. 12.	"	"	.....	100 00
" 31.	"	"	.....	150 00
Nov. 30.	"	"	.....	250 00
Dec. 31.	"	"	.....	250 00
1892				
Jan. 31.	"	"	.....	250 00
Feb. 29.	"	"	.....	250 00
Mch. 31.	"	"	.....	250 00
	Total		.....	$ 3,000 00

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1891	CREDITS.	
M'rch 2.	By postage (accidently omitted from last year's account)	$ 11 00
April 12.	postage (Book of Rules)	50
" 21.	post-office box rent	1 50
" 21.	expressage	45
" 30.	health officer's salary (April)	150 00
" 30.	clerk's salary (April)	50 00
May 21.	expressage	50
" 21.	postage	12 00
" 30.	health officer's salary (May)	150 00
" 30.	clerk's salary (May)	50 00
June 20.	postage (Book of Rules)	50
" 22.	postage " "	50
" 23.	postage	4 00
" 30.	health officer's salary (June)	150 00
" 30.	clerk's salary (June)	50 00
July 2.	post-office box rent	1 50
" 9.	1000 1c. envelopes	11 20
" 10.	1000 2c. envelopes	22 00
" 10.	cash to Joel White	8 10
" 31.	postage	5 00
" 31.	health officer's salary (July)	150 00
" 31.	clerk's salary (July)	50 00
Aug. 27.	expressage	25
" 31.	health officer's salary (August)	150 00
" 31.	clerk's salary (August)	50 00
Sept. 2.	cash to Brown Printing Co	150 00
" 7.	cash to Joel White	15
" 9.	postage	5 00
" 21.	100 copies Proceedings Con. S. B. of H	6 00
" 21.	expressage on same	1 75
" 30.	health officer's salary (September)	150 00
" 30.	clerk's salary (September)	50 00
Oct. 9.	postage	5 00
" 15.	post-office box rent	1 50
" 16.	drayage on books	25
" 24.	1000 2c. envelopes	22 00
" 31.	1000 1c. envelopes	11 20
" 31.	health officer's salary (October)	150 00
" 31.	clerk's salary (October)	50 00
Nov. 11.	expressage	55
" 15.	health officer's expenses (Demopolis)	7 00
" 30.	health officer's salary (November)	150 00
" 30.	clerk's salary (November)	50 00

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Dec.	2.	By postage	$ 5 00
"	7.	expressage	60
"	12.	postage	5 00
"	12.	postage (Book of Rules)	50
"	31.	health officer's salary (December)	150 00
"	31.	clerk's salary (December)	50 00
1892			
Jan.	5.	1000 1c. envelopes	11 20
"	9.	postage (Book of Rules)	50
"	9.	cash to Brown Printing Co	150 00
"	16.	postage	5 00
"	30.	health officer's salary (January)	150 00
"	30.	clerk's salary (January)	50 00
Feb.	8.	postage	5 00
"	9.	1000 2c. envelopes	22 00
"	9.	cash to Joel White	5 00
"	10.	postage (Book of Rules)	50
"	12.	post-office box rent	1 50
"	16.	postage (Book of Rules)	50
"	29.	health officer's salary (February)	150 00
"	29.	clerk's salary (February)	50 00
Mch.	11.	postage (Book of Rules)	50
"	12.	postage (Book of Rules)	50
"	15.	envelopes	5 60
"	26.	postage	5 00
"	31.	health officer's salary (March)	150 00
"	31.	clerk's salary (March)	50 00
"	31.	cash to Brown Printing Co	91 70
		Total	$ 3,000 00

	Cr.	Dr.
To total receipts from April 1, 1891, to April 1, 1892.		$ 3,000 00
By total expenditures from April 1, 1891, to April 1, 1892	$ 3,000 00	

RECAPITULATION OF EXPENDITURES.

By health officer's salary from April 1, 1891, to M'ch 31, 1892.	$ 1,800 00
clerk's salary for the same time	600 00
cash for postage for the same time	165 70
cash to Brown Printing Co	391 70
miscellaneous	42 60
Total	$ 3,000 00

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NOTE BY THE STATE HEALTH OFFICER.

In the foregoing account the sum of four dollars and fifty cents ($4.50) was advanced by the state board of health to pay postage on the Book of Rules. This sum has been refunded to the state board out of money derived from the sale of said books; and the amount thus refunded has been paid over to our printers, the Brown Printing Co., which leaves the balance as before, with a corresponding reduction of our outstanding indebtedness—which now amounts to ninety-three dollars and eighty cents ($93.80), the smallest balance against us that has occurred for several years.

THE CONFERENCE OF STATE BOARDS OF HEALTH.

The conference of state boards of health meets this year in June at Lansing, Michigan. It has been the custom for several years for the state health officer to attend the meetings of this conference, and to have his expenses paid out of the quarantine fund under the first section of the act to regulate the practice of quarantine in Alabama, approved February 28th, 1887. We therefore recommend the passage of the following resolution :

Resolved, That it is the sense of the board of health of the state of Alabama, that the state health officer should attend the conference of state boards of health which meets in Lansing, Michigan, on the 6th of June next; and that the governor is hereby requested, as has been the custom heretofore, to authorize the payment out of the quarantine fund of the necessary travelling expenses of the state health officer in making said trip.

THE COLOR-BLIND LAW.

The examiners under the color-blind law at present are as follows:

Appointed by governor Seay: R. D. Webb, Birmingham; Charles Whelan, Birmingham; S. C. Carson, Bessemer; W. H. Sanders, Mobile; B. J. Baldwin, Montgomery; J. J. Dement, Huntsville; R. P. Huger, Anniston; Goldsby King, Selma.

Appointed by governor Jones: L. G. Woodson, Birmingham; B. L. Wyman, Birmingham; Ruffin Coleman, Birmingham; S. J. Cooper, Tuscumbia; E. L. Jones, Florence;

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J. M. Pinkston, Sheffield; B. F. Cross, Decatur; S. H. Lowry, Huntsville; C. B. McCoy, Opelika; Rhett Goode, Mobile; R. M. Cunningham, Birmingham; Theodore Westmoreland, Athens; W. C. Jackson, Montgomery; A. A. Greene, Montgomery.

Of these Dr. J. J. Dement died during the past year; and his cases have been reported by Dr. Lowry.

Drs. R. D. Webb, Charles Whelan, W. H. Sanders, B. J. Baldwin, A. A. Greene, Goldsby King, S. H. Lowry, J. J. Dement (by S. H. Lowry), L. G. Woodson, J. M. Pinkston, G. C. Carson and W. C. Jackson have sent in their reports for 1891.

No reports have been received from Drs. C. B. McCoy, B. L. Wyman, B. F. Cross, R. M. Cunningham, Theodore Westmoreland, Rhett Goode, Ruffin Coleman.

Of those not reporting Drs. B. F. Cross and R. M. Cunningham, made no examinations in 1891, and consequently had nothing to report.

Drs. B. L. Wyman, Ruffin Coleman, Theodore Westmoreland, and Rhett Goode, have persistently neglected to answer our repeated communications. We do not know what examinations have been made by them.

A very cursory consideration of these facts will show that we were not able during the past year to administer this law in anything like a satisfactory fashion. It is evident, indeed, that it is utterly impossible for us to administer the law efficiently and intelligently when examiners ignore our authority, violate the provisions of the law, and make no response to our official communications.

The duty of superintending the administration of the color-blind law is, by the terms of the law itself, imposed upon the State Board of Health; but, as the law stands, the appointment of examiners rests exclusively with the governor. The governor not only has the power to appoint, but it is his privilege to determine also how many examiners shall be appointed. In the meantime, as we have said, we

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are responsible to the State for the right administration of the law. But the right administration of the law depends very much on the competency of those who make the examinations—a matter about which, if we are consulted at all, it is only through the courtesy of the governor. As a matter of fact we have not usually been consulted in regard to these appointments, and the appointments themselves have not usually been officially notified to us. In a word, we have been left to find out by accident when appointments have been made and who have received appointments. It is certain that examiners have been appointed who are not competent to make all of the examinations required; and it is certain that applicants rejected by one examiner have been passed by another, as has been stated by the president of the State Board of Health in his annual message. Any of the examiners may be at any time removed by the governor on the recommendation of the State Board of Health.

In view of these facts, and of others that we need not specially mention here, we respectfully recommend as follows:

(1.) That the State Board of Health respectfully requests the governor, under the act for the protection of the travelling public against accidents caused by color-blindness and defective vision, which was approved on the 28th of February, 1887, and under the provisions of section 4 of said act, to revoke the appointment as examiners under said law of Dr. Rhett Goode, Dr. Theodore Westmoreland, Dr. B. L. Wyman, and Dr. Ruffin Coleman, for the reason that the examiners mentioned have utterly ignored the State Board of Health in connection with this work, thus making it impossible for us to supervise the administration of the law so far as they are concerned.

(2) That the General Assembly of the State be requested, at its next session, to amend the color-blind law so that it may read as follows:

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A Bill to be entitled An Act to amend, confirm and extend the Act for the protection of the travelling public against accidents caused by color-blindness and defective vision, approved February 28th, 1887.

SECTION 1. *Be it enacted by the General Assembly of Alabama*, That all persons affected with color-blindness and loss of visual power, one or both, to the extent to be defined in accordance with the requirements of this act, shall be and they are hereby disqualified from serving on railroad lines within this State in the capacity of locomotive engineer, fireman, train couductor, brakeman, station agent, switchman, flagman, gate tender or signal man, or in any other position which requires the use or discrimination of form or color signals.

SEC. 2. *Be it further enacted*, That any person who shall serve in any of the capacities mentioned in section one of this act without first having obtained a certificate of fitness for his position in accordance with the provisions of this act shall be guilty of a misdemeanor, and on conviction thereof before any court of competent jurisdiction, shall be fined not less than ten dollars nor more than fifty dollars for each and every offense.

SEC. 3. *Be it further enacted*, That any railroad company, officer or agent of the same, employing a person in any of the capacities specified in section one of this act, who does not possess a certificate of fitness therefor, in so far as color-blindness and visual power are concerned, duly issued in accordance with the requirements of this act, shall be guilty of a misdemeanor, and for each and every offense shall be punished by a fine of not less than fifty nor more than five hundred dollars.

SEC. 4. *Be it further enacted*, That any person obtaining or attempting to obtain a certificate fraudulently, either by collusion with another in his examination, or by getting some one to personate him in the examination; or any one thus personating another person, or aiding him fraudulently to procure a certificate of fitness under this act by collusion or otherwise; or any one attempting to use a certificate issued to another person for the purpose of procuring employment on a railroad in this State, shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than fifty dollars nor more than five hundred dollars.

SEC. 5. *Be it further enacted*, That it shall be the duty of the State Board of Health to supervise the administration of this law, to prescribe the methods by which such examinations shall be made, the forms of certificates to be issued, of records to be kept, and reports to be made by the examiners, and such other rules and regulations as shall, from time to time, by said board be deemed necessary; and it shall be the further duty of the said Board of Health, from time to time, to nominate or select a suitable number of well qualified medical men who are experts in ophthalmology to act as examiners under

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this act, who shall be duly commissioned by the governor; and any one of the examiners so commissioned shall be immediately removed from office by the governor at the request of the said State Board of Health; and any one of said examiners, as provided for in this act, is hereby authorized to make the examinations and issue the certificates required by this act; and for each and every such examination the examiner shall be entitled to a fee of three dollars.

SEC. 6. *Be it further enacted*, That the examinations under this act shall be made and certificates issued in conformity with the following rules: Rule 1. There shall be two classes of certificates, to be designated, respectively, as first class certificates and second class certificates. Rule 2. For first class certificates, the requirements shall be healthy eyes and eyelids, without habitual congestion or inflammation; ample field of vision; normal visual acuteness, and refraction; freedom from color-blindness, and absence of cataract. Rule 3. For second class certificates the requirements shall be healthy eyes and eyelids, without habitual congestion or inflammation; ample field of vision; visual acuteness, at least equal to three-fifths without glasses and normal with glasses, and color perception at least equal to three-fourths using both eyes. Rule 4. Those obtaining first class certificates shall be eligible for employment in any of the positions specified in section 1 of this act. Those obtaining second class certificates shall be eligible for employment in any position except engineer, fireman, brakeman or flagman. Rule 5. Re-examinations shall be required after any serious disease of the eyes, after all severe injuries affecting the head or eyes, after any disease of the brain, after every long continued illness as typhoid fever, and after mistakes or acts which would seem to imply impairment of visual power or of color perception.

SEC. 7. *Be it further enacted*, That if a certificate of fitness is refused by any examiner, the person so refused shall be entitled to examination by any other examiner by simply making application and paying the fee therefor.

SEC. 8. *Be it further enacted*, That so much of the act for the protection of the travelling public against accidents caused by color-blindness and defective vision, which was approved February 28th, 1887, as is in conflict with the provisions of this act, be and the same is hereby repealed; and that all commissions or appointments issued to examiners in accordance with the provisions of said act of 1887, be and the same are hereby revoked and vacated; provided however, that the provisions of this repealing section shall take effect on and after the first day of May, 1893; this time being allowed in order to give time and opportunity for the appointment and qualification of new examiners under this new law.

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THE SUPERVISION OF THE HEALTH OF TOWNS AND CITIES.

In our plan of organization for the supervision of the public health, we have a board of health in every county, all of which are under the superintendence and control of the state board. The object of this plan is to secure uniform and systematic work all over the state, with a uniform system of reports, and with the utmost efficiency and economy of administration. In order that this plan may be thoroughly understood, we desire to call the attention of the county boards to sections 1284, 1285 and 1286 of the Code:

SECTION 1284. *County, city or town may invest county board of health with powers.*—The court of county commissioners, or the proper corporate authorities of any city or town, may jointly or separately invest the county board of health with such executive powers and duties as may be deemed necessary for the preservation and promotion of the public health, and for the prevention of the introduction or spread of contagious or infectious diseases; such powers to be exercised, and such duties to be performed under such rules and regulations as may be determined upon between such board and such court or corporate authorities.

SEC. 1285. *Sanitary regulations; expenses.*—In the exercise of such powers and performance of such duties, in the administration of all sanitary regulations, the appointment of officers or servants is reserved exclusively to the board of health; but the matter of expenditures is reserved exclusively to the court of county commissioners, or to the proper authorities of the town or city.

SEC. 1286. *No other local boards than county boards of health to be established.*—No local board of health, or executive medical body, of any name or kind, for the exercise of public health functions, other than the county board of health, must be established in any county, town or city.

An ordinance drawn up in accordance with the provisions of these sections was adopted several years ago by the city of Mobile. It is printed in the Book of Rules, beginning at page 300, to serve as a sort of general model for drawing up similar ordinances for other places.

It will be seen that under the terms of this ordinance a city health officer is created. There are several other cities

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in the state of sufficient importance to have a city health officer, and to provide by special ordinance in agreement with the county board of health for systematic sanitary supervision. Where there are several large towns in the same county a health officer could be provided for each, and if it was considered to be desirable a special committee of public health, composed of resident physicians, could also be provided for each. All these health officers and special committees of public health would of course be subordinate to the county board of health.

We call special attention to these matters because it would seem that the time was approaching when a good many of our cities and larger towns would find it to their interest to arrange for some plan of systematic health administration. All movements looking to this end should be fostered and encouraged by our board of health.

THE WORK OF THE COUNTY BOARDS OF HEALTH.

The work of the county boards of health is steadily improving when we consider all the counties together. That is to say, a larger number of counties than ever before are engaged in the collection of vital statistics, and a larger number than ever before are approximating satisfactory results. This persistent progress, even while it is slow, is very gratifying. In it we have the assurance that complete success will ultimately crown our efforts in the most difficult enterprize ever undertaken by the medical profession of any country in the world. It is a work, therefore, of which the medical profession of Alabama may well be proud.

In the meantime there are some other official functions to which our county boards stand pledged, which, by many of them, are very imperfectly performed, and which, by some of them, are not performed at all. We allude to the sanitary inspection and supervision of jails, poor-houses hospitals and public schools. In this connection we urge

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upon all the members of the county boards, and especially on the official members, the careful study of the instructions on page 196 of the Book of Rules.

There is one of the county boards which, in the discharge of these and of similar duties, has specially distinguished itself, and which, therefore, deserves honorable mention, and that is the board of health of Jefferson county.

With these few introductory sentences, we now proceed to notice each one of the county boards of health, and its work for the past year, separately:

Autauga County Board.—No report has been received from this board during the past year. Dr. W. J. Bell has been recently elected county health officer, and promises to make a faithful effort to discharge the duties of the office.

Baldwin County Board.—Dr. W. M. Lovelady continues to act as health officer for this county. He is earnest and energetic, and while the great extent and sparse population of the country make his work difficult, it shows improvement over that of last year. His salary is three hundred dollars.

Barbour County Board.—The work in this county is about the same as last, and not as good as it ought to be. Dr. W. H. Robertson is still the county health officer. His salary is three hundred dollars.

Bibb County Board.—During the past year no reports have been received from this county. Dr. Fred Black is the county health officer.

Blount County Board.—The work in this county shows perhaps some improvement over last year, but it is not up to a high standard of efficiency. Dr. W. M. Cole is still the county health officer.

Bullock County Board.—Our work in this county had begun to decline, although it has always been well done. The present county health officer is Dr. S. C. Cowan. Under his administration there has been some improvement, and we hope it will soon be well up to the front again.

Butler County Board.—Since our last report the work of this county shows decided improvement, and we hope by another year to be able to report it as equal to the best. Dr. J. C. Kendrick is the county health officer.

Calhoun County Board.—The work of this board still continues to improve. As was the case last year the returns from Oxford, Jacksonville and Piedmont are about complete. The returns from Anniston are still not quite complete, but are nearly so. Some of the beats in the county are not fully reported. Dr. T. W. Ayres is the efficient county health officer.

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Chambers County Board.—Again last year no reports were received from this board. The outlook is a little better this year, inasmuch as the county society is better organized than heretofore, and there seems to be a better feeling amongst the doctors. Dr. J. B. Rutland is county health officer and promises to do his best.

Cherokee County Board.—The work of this board is about the same as last year. In the meantime the medical organization of the county has considerably improved, and we may be allowed to hope that our work also will improve. Dr. G. D. W. Lawrence is still county health officer.

Chilton County Board —The hopes we expressed in our last report in regard to this county have not been fulfilled. Dr. W. E. Stewart is still the county health officer, but he makes no reports.

Choctaw County Board.—In this county there has been very little change in our work—perhaps it has slightly improved. Dr. R. B. Carr is still the county health officer.

Clarke County Board.—The work of this board has been kept up to an encouraging degree of efficiency—just a little more effort would make it all that could be desired. Dr. J. W. Armistead is the county health officer.

Clay County Board.—Our work in this county shows decided improvement. This improvement is due to the efforts of Dr. Thomas Northen, who is the county health officer.

Cleburne County Board —During the last year, as for several previous years, this board has made no reports. Dr. O. W. Sheppard is still on the roll as county health officer.

Coffee County Board.—From this county no reports were made during the past year. Recently Dr. W. W. Grubbs has been elected county health officer, and he promises to do his best to succeed.

Colbert County Board.—Again, during the past year, no reports were received from this board. Dr. H. W. Blair was elected county health officer in January, but as yet has given no evidence to this office that he is doing anything.

Conecuh County Board.—The work of this board goes on about as for the last several years. The death rates and the birth rates continue to be notably below the average, but Dr. A. A. McKittrick is still the county health officer, and he insists that his returns are complete.

Coosa County Board.—During the past year our work in this county has improved very much, and the outlook for further improvement is good. Dr. A. J. Peterson is the efficient county health officer.

Covington County Board.—We have had only a few very imperfect reports from this board during the past year. Dr. W. E. Sentell still

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stands as county health officer, but he seems not to be making any effort to discharge the duties of the office.

Crenshaw County Board.—We have received no reports from this board during the past year.

Cullman County Board.—During the past year this board has done excellent work, but its returns are still not quite complete. Dr. M. L. Johnson is still the county health officer.

Dale County Board.—Our work in Dale county has improved considerably, but is still far from complete. Dr. R. H. Harper is the county health officer, and is entitled credit for the advance that has been made

Dallas County Board.—There has been some improvement in the work of this board during the past year, but not such improvement as ought to have been accomplished. The Selma reports are doubtless complete as to the deaths, and nearly so as to the births. But the returns from a good many of the county beats are quite defective. On account of its very large black population this is a very difficult county to manage. Dr. E. B. Ward is the county health officer.

DeKalb County Board.—In this county our work has slowly improved, there is, however, room for considerable additional improvement. Dr. H. P. McWhorter is still the county health officer.

Elmore County Board.—This board has acquitted itself well during the past year, and the monthly reports now approximate completeness. For this, great credit is due to Dr. O. S. Justice, the county health officer.

Escambia County Board.—This board is doing most excellent work, and sending in reports that are about complete, for all the beats in the county. The county health officer is Dr. J. L. Bass.

Etowah County Board.—During the past year this board did fairly good work, but not perfect work. The outlook for the future is fairly good. Dr. M. R. Wright who has been county health officer for several years has been succeeded by Dr. D. H. Baker.

Fayette County Board.—We have to report again that our work in Fayette does not improve. Dr. J. H. Duncan was county health officer. He has been succeeded recently by Dr. Thomas M. Peters.

Franklin County Board.—This board has never made any reports. Dr. S. W. Desprez is still the county health officer. He has no salary.

Geneva County Board.—We do not get any report from this county.

Greene County Board.—Our work in Greene county still moves forward very slowly. We get perfect reports from Eutaw. But the returns from several of the county beats are quite defective. The county is in a better state of organization than for several years, and this affords us some grounds to hope for better things. Dr. T. W. Pierce is the county health officer. His salary is one hundred dollars a year.

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Hale County Board.—Our work in Hale county goes steadily on, but not in a satisfactory fashion. The monthly returns are not complete. Dr. J. Huggins is the county health officer..

Henry County Board.—The condition of our work in Henry county is still very unsatisfactory. But it has improved. The monthly reports were resumed with the beginning of this year. Dr. Phillips is the county health officer.

Jackson County Board.—Our work in this county has always been fairly well done; and for the past year has gone on about as usual. The organization of the county is good, and it would seem that a little more effort would secure complete returns. Dr. G. L. Hayes is the county health officer.

Jefferson County Board.—The work of this board deserves special commendation. The collection of vital statistics, while not complete, has improved decidedly during the past year. They are now making separate reports for Birmingham, Bessemer, Pratt Mines town, and Pratt Mines prison, Coalburg prison, Warrior, Woodlawn, and Oxmoor, and for the county outside of these places. Most of these special reports are good; but in the county several beats show very defective returns. Besides the collection of vital statistics this board has been active in the discharge of other duties, such as the inspection of the jail, the poor-house, the markets, the hospitals, the public schools, and in the abatement of nuisances. Other boards in the state might study with advantage what this board has accomplished.

Lamar County Board.—The efficiency of the work of this board has declined since Dr. R. J. Redden gave up the position of county health officer. He was succeeded by Dr. D. D. Hollis, who has done fairly well, but not as well as we could wish.

Lauderdale County Board.—This board has merely a nominal existence, and has made no reports during the past year.

Lawrence County Board.—During the past year the work of this board was not well done. The county health officer, Dr. W. J. McMahon, was absent from the county for a considerable part of the time, and his work naturally fell to pieces. He is again at his post, and as the medical organization in the county has improved, it is hoped that this work will improve also.

Lee County Board.—This board has made no reports during the past year. Dr. A. G. Emory was nominally health officer, but paid no attention to the duties of the office.

Limestone County Board.—The work of this board has dragged very greatly during the past year, simply for the lack of energy and effort.

Lowndes County Board.—In this county there has been no change.

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The work has been well done. Dr. Shirley Bragg is still the county health officer.

Macon County Board.—The work of this board continues to be a failure. Dr. C. S. C. Atkeson is the county health officer. He gets no salary.

Madison County Board.—The work in this county does not improve, and this state of affairs is a great disappointment to us. Dr. W. C. Wheeler is the county health officer.

Marengo County Board.—This board made no reports during the past year. In the meantime the organization of the county has been greatly improved, and we hope better work will be done this year. Dr. I. G. Wilson is the county health officer.

Marion County Board.—This board has never succeeded in accomplishing anything in the way of collecting vital statistics. The medical organization of the county has been greatly improved, however, and a county health officer—Dr. T. J. Springfield—has been appointed.

Marshall County Board.—The work of this board has never been efficient. The health officer gets no salary. The monthly reports have been regularly made, but have been very defective. Since January there has been a new county health officer, who is making considerable effort to improve the work. He is Dr. P. B. Lusk.

Mobile County Board.—The work of this board outside of the city of Mobile continues to be a failure. In the meantime the salary of the county health officer has been increased to $420 dollars a year. Since January the county health officer is Dr. E. L. Marechal.

Monroe County Board.—Our work in this county continues to be fairly well done, but during the past year has dragged more than usual, the reports having been frequently way behind time. With just a little more effort this county could be placed in the first rank. Dr. W. W. McMillan, is the county health officer.

Montgomery County Board.—During the past year the work of this board has notably improved. It is not yet what it ought to be, but it is hoped that this improvement will continue. Dr. P. H. Owen is still the county health officer.

Morgan County Board.—The work of this board continues to be fairly done, but it ought to be pushed to still greater efficiency. Dr. Peter Binford is still the county health officer.

Perry County Board.—During the past year this board has failed to make its reports. Dr. Charles A. Wilkerson is the county health officer.

Pickens County Board.—This board has been very negligent of its duty, and has made during the past year only a few straggling reports. Dr. A. N. Steele is still the county health officer.

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Pike County Board.—This board continues to do fairly good, but by no means perfect work. Dr. C. W. Hilliard is now the county health officer.

Randolph County Board.—No reports were received from this board during the past year. This year Dr. J. C. Swann has been elected county health officer. He gets no salary, but promises to work up the county.

Russell County Board.—This board sent up monthly reports last year, but they were very defective. Since January, Dr. W. B. Prather has been elected county health officer.

Shelby County Board.—Nothing was done in this county last year.

St Clair County Board.—This board makes regular reports, and there has been perhaps some improvement over last year. But the reports are still quite defective. Dr. G. M. Jones is still the county health officer.

Sumter County Board.—Our work in this county continues to be in an unsatisfactory condition. It ought to be better done. Dr. D. S. Brockway is the county health officer.

Talladega County Board.—The work in this county has improved a little, but is still in an unsatisfactory condition. Dr. W. F. Thetford is still the county health officer.

Tallapoosa County Board.—During the past year the work of this board as compared with that of previous years shows decided retrogression. Dr. A. J. Coley continues to act as county health officer.

Tuscaloosa County Board.—There has been some little improvement in our work in this county. The reports from Tuscaloosa and North Port towns, are nearly complete. But a good many of the country beats make very defective returns. Dr. J. B. Read is still the county health officer.

Walker County Board.—This board during the year endeavored to do some work, but without any great success. Dr. W. C. Rosamond is the county health officer.

Washington County Board.—No attempt has been made to collect statistics in this county.

Wilcox County Board.—The work in this county continues to drag on without improvement. Dr. J. C. Benson is the county health officer.

Winston County Board.—The work in this county continues to be done in an imperfect way. Dr. J. C. Taylor is still the county health officer.

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PART IV. SUPPLEMENTARY PAPERS.

DEPARTMENT OF PUBLIC HEALTH.*

A Bill to Establish a Department of Public Health.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that there shall be established a department of public health. There shall be appointed from civil life by the president, by and with the advice and consent of the senate, a medical secretary of public health, who shall be intrusted with the management of the department herein established. He shall be paid an annual salary of ———. He shall, with the approval of the president, provide suitable offices for the department and shall employ such assistants and clerks as may be necessary.

SEC. 2. It shall be the duty of the department of state to obtain from consular officers at foreign ports and places all available information in regard to sanitary conditions of such ports and places, and transmit the same to the department of public health; and the secretary of public health shall also obtain, through all sources accessible, including state and municipal authorities throughout the United States, weekly reports of the sanitary condition of ports and places within the United States and shall prepare, publish and transmit to the medical officers of the marine-hospital service, to collectors of customs, and to state and municipal health officers and authorities, weekly abstracts of the consular sanitary reports and other pertinent information received by said department.

The said department also shall, as far as it may be able, by means of the voluntary co-operation of state and municipal authorities, of various general and special hospitals and sanitariums, of public associations, and of private persons, procure and tabulate statistics relating to marriages, births, deaths, the existence of epidemic, endemic, and other diseases, especially those of a degenerative character, such as malignant growths and affections of the circulatory, respiratory, secretary and reproductive organs, and data concerning the fruit of consanguineous marriage and transmissibility of insane, alcoholic, syphilitic, nervous, and malignant types of constitution. It shall also procure information relating to climatic and other conditions affecting public health, especially in reference to the most favorable regions in the United States for the cure or relief of the chronic diseases of the several organs of the body, especially of consumption. He shall also obtain information in a sanitary point of view of the health and comfort of the laboring classes. He shall seek through the state boards of health information in regard to the healthiness

* Now before the U. S. Senate; introduced by Senator Sherman.

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and comfort in public school houses. He shall, so far as he can, further collective investigations in regard to the common diseases of an inflammatory and febrile character that prevail among the people. He shall co-operate with the state boards of health, the signal service, the medical departments of the army, navy and marine service, unify and utilize their work so as to make the department of public health a repository of the most important sanitary facts that concern the public comfort.

Besides the reports of the state of public health, which he shall report from time to time, the secretary of the public health shall make an annual report to congress, with such recommendations as he may deem important to the public interests; and said report, if ordered printed by congress, shall be done under the direction of the department.

The necessary printing of the department shall be done at the government printing office, upon the requisition of the secretary of public health, in the same manner and subject to the same provisions as that of other public printing for the several departments of the government.

SEC. 3. That the medical secretary of public health shall frame rules, under the direction of the president, which shall serve for instruction of consular officers of the United States and of the medical officers serving at any foreign port. In compliance with these rules every master of a vessel destined for a port of the United States shall be furnished with a certificate containing a detailed statement of the inspection of the vessel, cargo, crew, and passengers, and of the sanitary measures carried out at the expense of the vessel; or, if such measures are not carried out, instant warning shall be transmitted to the medical secretary of public health, who shall immediately notify the quarantine authorities of the port of destination.

SEC. 4. That the medical secretary of public health shall make investigation, both in the United States and, if necessary, in foreign countries, into the nature, origin, and prevention of contagious and epidemic diseases, as well as the causes and conditions of particular outbreaks of disease in the United States, and shall publish and distribute documents relating to the prevention of disease.

SEC. 5. That the president is authorized, when requested by the medical secretary of public health and when the same can be done without prejudice to the public service, to detail officers from the several departments of the government for temporary duty, to act under the said department of public health to carry out the provisions of this act, and such officers shall receive no additional compensation, except for actual and necessary expenses incurred in the performance of such duties.

When a detail of suitable officers can not be made, the medical sec-

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retary of public health, approved by the president, may employ such experts, and for such time and in such manner as the funds at the disposal of the department may warrant.

SEC. 6. That to defray the expense incurred in carrying out the provisions of this act the sum of ——— dollars, or so much thereof as may be necessary, is hereby appropriated to be disbursed, with the approval of the president, under the direction of the said secretary of the department. That this act shall take effect sixty days after its passage, within which time the medical secretary of public health shall be appointed.

SEC. 7. That an act entitled "An act to prevent the introduction of contagious and infectious diseases into the United States and to establish a national board of health," approved March third, eighteen hundred and seventy-nine, and all other acts and parts of acts conflicting with the provisions of this act are hereby repealed.

A PETITION

To establish a Department of Public Health and for the appointment of a Secretary of Public Health.

To the Honorable, the President of the Senate and the Speaker of the House of Representatives of the Congress of the United States of America:

The American Medical Association, at its annual meeting held in Washington in May last, unanimously adopted the following resolution:

Resolved, That the President of the Association, W. T. Briggs, M. D., of Nashville, Tennessee, appoint a committee of *thirty* to memorialize the next congress to create a cabinet officer to be known as Medical Secretary of Public Health.

NAMES OF COMMITTEE.

C. G. Comegys, Chairman, Ohio; N. S. Davis, Illinois; T. G. Richardson, Louisiana; J. C. Culbertson, Ohio; J. F. Hibberd, Indiana; W. B. Atkinson, Pennsylvania; Charles A. Lindsley, Connecticut; C. A. Hughes, Missouri; W. T. Briggs, Tennessee; H. D. Didama, New York; Thomas B. Evans, Maryland; Alex. J. Stone, Minnesota; J. P. Logan, Georgia; W. Ayer, California; Chas. Denison, Colorado; W. I. Schenck, Kansas; P. O. Hooper, Arkansas; R. J. Swearingen, Texas; Wirt Johnston, Mississippi; Thos. F. Wood, North Carolina; J. N. McCormack, Kentucky; J. I. Reeve, Wisconsin; H. O. Walker, Michigan; Landon B. Edwards, Virginia; Albert N. Blodgett, Massachusetts; A. D. Beven, Oregon; E. D. Smith, Washington; J. B. Atchinson, Montana; C. H. Mastin, Alabama; R. A. Kinloch, South Carolina.

The undersigned, constituting a majority of the committee thus

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appointed, have the honor of petitioning Congress to grant this unanimous request, and thereto beg your consideration of some of the views expressed by the Association during the proceedings held on this important proposition.

First, we beg to say that the American Medical Association is constituted of men of distinction in their profession in every part of the union. For more than forty years its sessions have been held in all the chief cities of the states from the Atlantic to the Pacific coast, and large numbers of the most eminent teachers and practitioners have participated in its councils. These annual assemblies have promoted scientific research, the formation of state boards of health, higher education and the publication of treaties on practical and preventive medicine which form a continuous line of medical progress in the last half of the present century.

The marked progress in medicine and surgery in late years, for the promotion of which European governments have contributed a sufficient support by which men of capacity have been able to give their entire time to hygienic, experimental and clinical research, has not been fostered in our country, where the medical profession has been left, for the most part, to take care of itself, without subvention of the State.

It must be acknowledged that the government, through the operation of the surgeon-generals of the army, navy, and marine department, and by the action of the secretary of state, has authorized liberal expenditures for the establishment of the National Medical Library and Museum, the issue of the incomparable index catalogue of the library, and publications of army records of the late war, and for original researches at home and abroad on the origin and nature of the fearful epidemics brought to our shores by immigrant and other ships; the establishment of scientific posts by the surgeon-general of the marine hospital service at Dry Tortugas for the special and continuous investigation of the causes of yellow fever, the bacteriological laboratory attached to the United States Marine Hospital at New York, and the surgeon-general of the navy for the Naval Museum of Hygiene, in whose laboratories chemical analyses of water and food, as well as bacteriological researches, are constantly going on. The conventions of the quarantine service in the last few years have secured great progress towards a uniformity in quarantine laws; and an extensive correspondence has been established by the surgeon-general of the Marine Hospital with our consuls, so that the quarantine service is constantly advised of the prevalence of epidemics in countries with which we are closely connected in a commercial way.

The work thus carried on is certainly of the highest importance, and avails in the protection of our ports and coast cities from infectious diseases of foreign origin; but the medical profession believes that the government can, in a far wider way, promote the public good

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by creating a department of public health, the head of which shall be a member of the cabinet of the president, and it seems to the association that this is a propitious time for the inauguration of measures that will place the medical profession in its true relation to public affairs. There is no other profession that excels ours in positive efficiency to sustain public order, comfort and virtue. We possess vast capacity for the direction of society and promotion of human happiness.

At this time the profession is manifesting, in a higher spirit than at any previous period, the power to suppress contagious and infectious diseases. This work was begun by Jenner a century ago, and the scourge of small-pox has been stamped out wherever vaccination is practiced.

There are infectious and epidemic diseases that move around the world in nearly fixed periods, which we need not now particularize; they are frequently the products of squalor and wretchedness of peoples, and are spread far and wide about the lines of commerce. These invisible foes infect the air, the water, and the very food we eat. From the grosser foes of human health, cold, heat and tempest, people have power to defend themselves; but as regards these invisible agents of suffering and death, they are largely helpless, for want of higher knowledge. In their despair they turn to medical science for help, unwilling to trust in the brute law of the survival of the fittest.

What laws are necessary for the full activity of our beneficent profession? We reply: those that relate to the social state of the people for the prevention of disease. They comprehend an amplitude and purity of water supply; proper dwellings for the working classes without overcrowding or deficiency of light and air; adulterated, or diseased food; complete drainage; disinfection of excrement; the preservation of rivers and smaller streams from pollution; the regulation of the hours of labor; the protection of childhood from the imposition of toil and their proper education in commodious, healthy buildings; cleanliness of streets and planting of shade trees in cities for protection from intense solar heat and the decomposing power by their leaves of deleterious gases and miasms; the establishment of public baths; the operations of quarantine to prevent invasion of pestilence and landing of immigrants with diseases dangerous to others; the isolation of persons attacked with infectious diseases and the disinfection of localities; the construction and management of general and special hospitals; the care of the sick poor in their homes; the prevention of consanguineous marriages and of those who have destructive types of constitution; the warning of society of the evil consequences of abuses of the brain the material basis of consciousness, whereby a free will is impaired and the sufferers become irresponsible and often mentally ruined; the registration of vital sta-

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tistics; and lastly, the repression of those two giant evils of civilization, intemperance and prostitution.

We affirm that all the measures for public relief on these important subjects should be under the guidance of medical men.

It is not the mere knowledge of the human frame as a diseased entity, or a mechanism that should give us highest consideration in the state, but rather our capacity to prevent sickness by securing the proper administration of the laws of health. The medical profession holds itself ready, as it has always done, not only to diminish the destruction of life now going on, but ultimately to destroy the contagions that cause it. It is now becoming generally known that infectious diseases and toxic elements are disseminated in food. An infectious disease in the family of a diary-man, or amongst his cattle, may be as widely diffused as his distribution of milk. The pollution of streams of water and wells in towns, villages and homes of farmers, we know definitely, subject many families to tedious and fatal diseases which a wise sanitation will overcome, if we possessed the power so to enforce it. It is now so absolutely demonstrated that by the rigid application of hygienic measures the ravages of pestilence may be arrested that medical scientists speak of this destruction as a "self-imposed curse of dying in the prime of life."

Your petitioners are aware that congress cannot enact laws on subjects which appertain to state and municipal legislation; but congress can establish a department of public health, which would assist, immensely, the systemization of facts of great importance to physicians and the people.

The latest addition to the cabinet of the president is that of secretary of agriculture, and already a great impulse has been inaugurated by the practical farmer who is at its head.

The question may arise with some person, whether such a department would subserve the interests of any particular school? We respectfully reply that amid all the apparent disparity in medical practice there is one true, severe unity, and to attain this all true physicians are continually striving. There is no disputation in medical science about anatomy, physiology, pathology, chemistry, physics, or preventive medicine; the difference amongst doctors lies in therapeutics or the treatment of disease, and as in the past, so for all the future, practitioners will use a variety of remedies and in varying quantities, and there will be different modes of management of sick, or injured people. With the advance in the way of education the difference in treatment will gradually become more unified.

The organism which is called medicine, like every other product of man's constructive genius, is striving to attain perfection, and to accomplish this it must be sustained in all its scientific undertakings by the co-operation of national and state legislation and the hearty

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co-operation of the people for whose health and happiness all its efforts are put forth to prevent disease. It is certainly a remarkable spectacle to observe its constant effort to save the people from disease, when success will limit to the smallest dimension the office of physician. But this grows out of the nature of their studies, the tendency of which gives the highest motive for unselfish service to suffering humanity. The physician is bound to render this service to rich and poor alike. The amount of gratuitous service, especially in great cities, constitutes one-third of their practice. The most distinguished and experienced of the profession form the staffs of all of our hospitals, without any remuneration. It may be said that they receive their pay by reason of the distinction of their position; but they must have had distinction before their appointments. In war the surgeon must follow through the thickest of the fire, not to deal out destruction, but to staunch the wounds of friend and foe alike. If there was cruelty to prisoners on either side in our civil war, it was not perpetrated by the surgeons of opposing armies; and when the strife ceased they were the first to extend the fraternal hand across the field of conflict.

The collection of statistics of births, deaths and marriages, and their tabulation, we beg to say, should earnestly engage the attention of congress. The different states and cities of the Union have for a long time been aiming to accomplish this, but we have no statistics that are national in character. The limits of the memorial do not allow us to show at large how, by such facts, many of the most important problems in our social state may be solved.

Recently an eminent medical writer of England, Sir James Crichton Browne, M. D., LL. D., has shown that since 1859, while the decline in the death-rate at all ages has been 17.6 per cent. under fifty-five years, it has only been 2.7 per cent. at all ages above fifty-five. The principle decline has taken place under thirty-five. After forty-five the decline, since 1859, has been insignificant, but from sixty-five to seventy-five the death rate in the same time has increased. He adds that it is not satisfactory to learn that while there has been an enormous increase in babies and young men and women, the loss is alarming amongst those eminent in experience and judgment. The causes of the vital failure in the mature element in society was not difficult to find by his statisical studies. In three or four groups of diseases most wonderful increase in mortality has taken place. Thus, in England and Wales, cancer, in five years, 1859 to 1863, carried off 35,654 persons; while in five years, 1884 to 1889, 81,620 died of that fell disease, an increase of 130 per cent. Seven-eights of these victims were over thirty-five years of age. Of nervous diseases in the first quinquennium, 196,906 died; in the second, 260,558, an increase of 32 per cent. Of kidney diseases the loss in the first period was 23,176;

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in the second, 61,371, an increase of 164 per cent. Of heart diseases in the first period, 92,181 died; in the second period, 224,102 perished, an increase of 143 per cent.

These diseases, he says, are of the degenerative character, and may largely be traced to vital abuses or overstrain, or increasing luxuriousness in our advancing civilization, thus establishing, broadly, a premature sensibility; moreover, the increase in insanity from the mildest to the gravest forms is causing solicitude everywhere. It cannot be questioned that this fearful increase in bodily and mental decay should be well understood and placed before the people; but it is painful to say, that no such generalizations are attainable in our government offices for lack of statistical records.

There is another aspect of this premature decay of grave interest, and it concerns a burning question of our day. Sir James shows that owing to the strain and drive in many manufactories where handicraft—piece work—prevails, the neuro-muscular system of the shoulder, arm and hand, which on the average attains maturity at thirty years and should continue thirty years longer, begins to fail at forty-five; and while at thirty a man can earn 45 shillings a week, at forty-five, strive as he may, he cannot earn over 38 shillings, and at fifty-five his earnings fall to 24 shillings a week, owing to premature decay from overwork. In Sheffield he found that makers of penknives aged thirty years, who, in order to make a comfortable living, must strike 28,000 blows a day with a hammer, at forty years find their celerity and skill so at fault from this continuous overstrain that their wages decline to nearly one-half.

Physicians are held to be the guardians of the organs that concur for the maintenance of the body; but it is not so generally understood that the great brain is just as much an organ of their conservative regard; it is not so well understood that a healthy brain is necessary to free will. This is a momentous question, and it concerns the happiness and prosperity of the social and political state. The injury which pupils suffer, more especially in the primary and intermediate grades of public schools, by the bad hygiene in overcrowded, ill-lighted and ill-ventilated rooms, has become so serious as to bring about state interference. In Germany medical supervision has been authorized in the construction of school buildings so as to overcome these evils. The sense of sight has been particularly impaired; but the organic life of the brain has been lowered by the same evils, and the intellectual processes affected. In the technological schools of France the use of tobacco by students is forbidden because it has been ascertained that this intoxicant deteriorated the higher mental faculties. Researches have been diligently made by medical specialists in our country, and gross evils in the hygienic conditions of school-

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houses ascertained, and the injury of general and special organs pointed out, and the American Medical Association has steadily promoted these investigations; but these reports have not seriously awakened the attention of city or state governments.

Another very serious evil exists in almost the whole range of our common and higher schools, that is, the so-called *memoriter* method of instruction, which seems to be a necessity so long as the rank in scholarship continues to be determined by *per cent.* of a pupil's correct answers in examinations. This abuse of memory fatigues the brain, and lowers the powers of the mind. Physicians protest against this method of teaching because it distresses the brain, impairs free thought and the constructive power of the intellect. Lessons are memorized and not acquired by efforts of the understanding, hence they are not well retained, and furnish a poor basis for wide intellectual culture. Not only this, but the emotional conditions so often encountered, and the startling phenomena of hypnotism, are in many cases superinduced by this cramming method.

There are no fortuitous conditions that concur for the production of the best moral and political circumstances of society; the whole is purposive intelligence existing in the individual and combined for the exigencies of the family and the state.

Wherever the highest development of physical health exists, there will be found the surest basis for development of the mental faculties. These are not abstract questions of philosophy, but are the most practical questions of our day.

A secretary of public health would represent the medical consciousness of the Nation, and become one to whom we could look for the exploitation of measures that will direct continuous scientific and collective investigation in regard to endemic, contagious and other diseases; the enlightenment of the people in sanitary ways of living; the dissemination of information respecting the most favorable places of residence for those afflicted with such chronic diseases as asthma, rheumatism, neuralgia and consumption; the examination of food and drinks; medicinal springs; the collection and tabulation of vital statistics at large and in various localities, such as the congested areas of our great cities and amongst various races. He would be able to co-operate with state boards of health, the signal service, the medical departments of the army, navy and marine service, unify and utilize their work, and thus make the department of public health the repository of the most important facts that concern the comfort of the people; and his duties will grow broader and stronger in adaptability to public needs. Moreover, the creation of this department will be a declaration by congress that the promotion of the health of the people

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is a supreme law, and that in the future progress of civilization medicine shall have its true rank with the other offices of the state.

All of which is respectfully submitted.

C. G. Comegys, Chairman.
N. S. Davis.
T. G. Richardson.
J. F. Hibberd.
W. B. Atkinson.
Charles Lindsley.
C. A. Hughes.
W. T. Briggs.
Charles Denison.
Thos. P. Evans.
Alex. I. Stone.
W. I. Schenck.
P. O. Hooper.
R. J. Swearingen.
Thos. F. Wood.
J. N. McCormack.
J. J. Reed.
J. C. Culbertson.
H. O. Walker.
Landon B. Edwards.
A. N. Blodgett.

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ACTION OF THE ASSOCIATION ON THE REPORT OF THE BOARD OF CENSORS.

The senior censor read the report of the board of censors and committee of public health by the several sections separately for the consideration of the association. In this way the following votes were taken:

(1) The senior censor read the report of the board of censors in regard to the first recommendation contained in the president's message (see *ante* page 105), and moved the approval of the said section of the report.

The motion was unanimously passed.

(2) The senior censor read the report of the board of censors in regard to the second recommendation contained in the president's message (see *ante* page 106), and moved the approval of the said section of the report.

The motion was unanimously passed.

(3) The senior censor read the report of the board of censors in regard to the third recommendation contained in the president's message (see *ante* page 106), and moved the approval of the said section of the report.

The motion was unanimously passed, after striking out the last paragraph which specified that the number of regular reporters should not exceed eight.

(4) The senior censor read the report of the board of censors in regard to the fourth recommendation contained in the president's message (see *ante* page 109), and moved the approval of the said section of the report.

The motion was unanimously passed.

(5) The senior censor read the report of the board of censors in regard to the fifth recommendation contained in

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the president's message (see *ante* page 110), and moved the approval of the said section of the report.

The motion was unanimously passed.

(6) The senior censor read the report of the board of censors in regard to the sixth recommendation contained in the president's message (see *ante* page 111), and moved the approval of the said section of the report.

The motion was unanimously passed.

(7) The senior censor read the report of the board of censors in regard to the seventh recommendation contained in the president's message (see *ante* page 112), and moved the approval of the said section of the report.

The motion was unanimously passed.

(8) The senior censor read the report of the board of censors in regard to the eighth recommendation contained in the president's message (see *ante* page 113), and moved the approval of the said section of the report.

The motion was unanimously passed.

(9) The senior censor read the report of the board of censors in regard to the ninth recommendation contained in the president's message (see *ante* page 113), and moved the approval of the said section of the report.

The motion was unanimously passed.

(10) The senior censor read the report of the board of censors in regard to the reports of the vice-presidents of the association (see *ante* page 114), and moved the approval of the said section of the report.

The motion was unanimously passed.

(11) The senior censor read the report of the board of censors in regard to the report of the secretary of the association and the Book of the Rolls (see *ante* page 115), and moved the approval of the said section of the report and of the report of the secretary.

The motion was unanimously passed.

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(12) The senior censor read the report of the board of censors in regard to the report of the publishing committee (see *ante* page 115), and moved the approval of the publishing committee's report.

The motion was unanimously passed.

(13) The senior censor read the report of the board of censors in regard to the report of the treasurer of the association and the Book of Accounts (see *ante* page 115), and moved in view of the complications growing out of the suspension of the Moses Bank that the report of the treasurer should be referred to the board of censors for examination and adjustment at any time convenient to them.

The motion was unanimously passed.

(14) The senior censor read the report of the board of censors in regard to the Roll of Correspondents (see *ante* page 117), and moved the approval of the said section of the report.

The motion was unanimously passed.

(15) The senior censor read the report of the board of censors in regard to the report of the board of trustees of the doctors' home (see *ante* page 117), and moved the repeal of the ordinance creating the said board of trustees.

The motion was unanimously passed.

(16) The senior censor read the report of the board of censors in regard to the revision of the minutes of the session of 1891 (see *ante* page 117), and moved the approval of the said section of the report.

The motion was unanimously passed.

(17) The senior censor read the report of the board of censors in regard to the delinquent county societies (see *ante* page 120), and moved the approval of the said section of the report.

The motion was unanimously passed.

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(18) The senior censor read the report of the board of censors in regard to the time for holding the annual meetings of the association (see *ante* page 121), and moved that the time be changed from the second Tuesday in April of each year to the third Tuesday in April of each year.

The motion was unanimously passed.

(19) The senior censor read the report of the board of censors in regard to the two pending amendments to article 80 of the constitution of the association (see *ante* page 121), and moved the adoption of both of said amendments.

The roll of the association was called for the ayes and nays, separately as to each amendment, and both amendments were unanimously adopted.

(20) The senior censor read the report of the board of censors in regard to the creation by the Congress of the United States of a medical secretary of public health (see *ante* page 122), and moved that the association give its approval to the effort to create the said medical secretary.

The motion was unanimously passed.

(21) The senior censor read the report of the board of censors in regard to the proposed pan-American medical congress (see *ante* page 123), and moved that the association recommend the said congress to the favorable consideration of the physicians of Alabama.

The motion was unanimously passed.

(22) The senior censor read the report of the board of censors in regard to the national quarantine bill (Senate Bill 38) introduced into the Senate of the United States (see *ante* page 123), and moved that the action of the state health officer in requesting the Alabama members of congress to oppose the passage of said bill be approved by the association.

The motion was unanimously passed.

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(23) The senior censor read the report of the board of censors in regard to the memorial of the Alabama Pharmaceutical Association, which was referred to the board at the Huntsville session of last year (see *ante* page 123), and moved approval of the said section of the report.

The motion was unanimously passed.

(24) The senior censor read the report of the board of censors in regard to making application to the next session of the general assembly to amend, confirm, and extend the charter of the association, and presented the draft of a bill for that purpose (see *ante* page 126), and moved that the said draft of a bill be approved by the association.

The motion was unanimously passed.

(25) The senior censor read the report of the board of censors in regard to a new rule for the government of the boards of medical examiners in this state, to the effect that none but graduates of reputable medical colleges should be examined by said boards, (see *ante* page 130), and moved the adoption by the association of the new rule.

The motion was unanimously passed.

(26) The senior censor read the report of the board of censors in regard to illegal practitioners, recommending that the existing rules in regard to said illegal practitioners be reaffirmed and continued in force (see *ante* page 130), and moved the approval of said recommendation.

The motion was unanimously passed.

(27) The senior censor read the report of the board of censors in regard to having the state health officer attend the approaching conference of state boards of health with a resolution requesting the governor of the state to have the necessary expenses of said trip paid as usual out of the quarantine fund, (see *ante* page 151), and moved the adoption by the association of said resolution.

The motion was unanimously passed.

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(28) The senior censor read the report of the board of censors in regard to the color blind law, together with a bill to amend, confirm, and extend the existing act in relation thereto (see *ante* page 151), and moved the approval by the association of the said section of the report, and the proposed amending act.

The motion was unanimously passed.

(29) The senior censor read the report of the board of censors in regard to the supervision of the health of towns and cities (see *ante* page 156), and moved the approval of the same by the association.

The motion was unanimously passed.

(30) The senior censor moved that the report of the board of censors as read and amended in one place be approved by the association.

The motion was unanimously passed.

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THE REVISION OF THE BOOK OF THE ROLLS.

THE FIRST ROLL.—THE REVISION OF THE ROLL OF THE COUNTY SOCIETIES.

The committee on the revision of the rolls, composed of the senior censor, the secretary, and the treasurer, reported three schedules of county societies, as follows:

Societies not Delinquent.

That is to say, societies with all of their constitutional obligations fulfilled—delegates in attendance, reports made, and dues paid: Autauga, Barbour, Bullock, Butler, Calhoun, Choctaw, Clarke, Colbert, Conecuh, Coosa, Crenshaw, Dale, Dallas, DeKalb, Elmore, Escambia, Etowah, Greene, Hale, Henry, Jackson, Jefferson, Lamar, Lee, Lowndes, Macon, Madison, Marengo, Marshall, Mobile, Montgomery, Morgan, Pike, Randolph, St. Ctair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, Winston. Forty-two societies.

No objection being made to the correctness of this schedule, the president ordered these forty-two societies to be passed as clear on the books.

Societies Partially Delinquent.

Baldwin, delinquent in dues and delegates.
Bibb, delinquent in dues and delegates.
Blount, delinquent in dues and delegates.
Clay, delinquent in dues and delegates.
Cullman, delinquent in dues and report.
Fayette, delinquent in dues.
Franklin, delinquent in delegates.
Lawrence, delinquent in dues and delegates.

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Limestone, delinquent in delegates and reports.

Monroe, delinquent in delegates.

Wilcox, delinquent in dues.

Washington, delinquent in dues and delegates—twelve societies.

No objection being made to the correctness of this schedule, the president ordered that these twelve societies be passed, with the understanding that the secretary and the treasurer would look after the missing reports and dues.

Delinquent Societies.

That is to say, societies delinquent in all their constitutional obligations—delegates, dues and reports:

Chambers, Cherokee, Chilton, Coffee, Cleburne, Covington, Geneva, Lauderdale, Marion, Perry, Pickens, Russell—twelve societies.

No objection being made to the correctness of this schedule, the president ordered these twelve societies to be referred to the board of censors for investigation.

The revision of the first roll, the roll of the county societies, was here ended, the said roll to stand closed until the next annual session of the association.

THE SECOND ROLL—THE REVISION OF THE ROLL OF THE COLLEGE OF COUNSELLORS.

The Committee on the Revision of the Rolls reported the seven schedules of counsellors as follows:

Counsellors Clear on the Books.

Grand Seniors.—William Henry Abernethy, Milton Columbus Baldridge, Pugh H. Brown, Peter Bryce, Davis Elmore Cason, Jerome Cochran, Benjamin Franklin Cross, Wilds Scott DuBose, Richard Matthew Fletcher, John Perkins Furniss, Vivian Pendleton Gaines, John Brown Gaston, Robert Huges Hayes, Gustavus Hendrick, Samuel

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Mardis Hogan, Daniel Stiles Hopping, Robert Dandridge Jackson, Walter Clark Jackson, William Henry Johnson, Capers Capehart Jones, William Toulmin Kendrick, George Augustus Ketchum, James Buchner Luckie, John Alexander McKinnon, Adam Alexander McKittrick, Thomas Alexander Means, Richard Fraser Michel, Francis Marion Peterson, Francis Marion Prince, John Albert Pritchett, Thaddeus Lindlay Robertson, William Henry Sanders, John William Sears, Samuel Dibble Seelye, Edward Henry Sholl, Lucius Ernest Starr, William Fletcher Thetford, Job Thigpen, James Grey Thomas, Conrad Wall, Robert Dickens Webb—Total, 41.

Seniors.—Benjamin James Baldwin, Shirley Bragg, Samuel Dudley Brockway, Charles Higgs Franklin, James Adrian Goggans, Albert Goodwin, Joseph Anderson Goodwin, Samuel Henry Hill, Jacob Huggins, Henry Tutwiler Inge, Andrew Jay, Joel Beder Kendrick, Joel Cloud Kendrick, Samuel Hickman Lowry, Joseph Moody, Abner Jackson Nolen, Francis Marion Rushing, James Thomas Searcy, William Henry Sledge, Daniel Edgarly Smith, Andrew McAdams Stovall, Powhatan Green Trent, Lewis Whaley, Charles Whelan, Wooten Moore Wilkerson, James Anthony Wilkinson—Total, 26.

Juniors.—Benjamin Shields Barnes, Peter Binford, John Martin Crook, John Isaac Darby, Thomas Peters Deweese, Oscar Dowling, Rhett Goode, John Jefferson Harlan, Luther Leonidas Hill, John Calhoun LeGrand, Edwin Lesley Marechal, John Edward Purdon, Robert James Redden, Christopher Americus Robinson, William Levi Thomason, Barclay Wallace Toole, William Camp Wheeler, Charles A. Wilkerson. Total, 18; grand total, 85.

No objection being made to the correctness of this schedule, the president ordered that the counsellors, eighty-five in number, whose names had been read should be duly passed, as clear on the books.

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Counsellors Delinquent.

William Henry Hudson, delinquent of dues.

Henry Bascom Ward, delinquent in attendance—total, 2.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, two in number, whose names had been read as delinquents, should be stricken from the roll of the college of counsellors, and that of this action they should be duly notified by the secretary.

Miscellaneous Counsellors.

Resigned during the year:

George Dougherty Washington Lawrence, of Cedar Bluff, junior counsellor of 1890.

Loss of membership in county medical society:

Milton Roil Wright, grand senior counsellor of 1880.

Died during the course of the year:

John Jefferson Dement, of Huntsville, grand senior counsellor of 1873, and member of the board of censors.

Abbott Milton McWhorter, of Collinsville, junior counsellor of 1887.

Job Sobieski Weatherly, of Montgomery, grand senior counsellor of 1873, and member of the board of censors.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that these names should be stricken from the roll of the college of counsellors, and that the usual notices should be served by the secretary.

Grand Senior Counsellors of Ten Years Standing.

None.

Senior Counsellors of Five Years Standing.

Samuel Dudley Brockway, Charles Higgs Franklin, Joseph Anderson Goodwin, Samuel Henry Hill, Andrew

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Jay, Joel Cloud Kendrick, Joseph Moody, William Henry Sledge, Daniel Edgarly Smith, Andrew McAdams Stovall—total, 10.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, ten in number, whose names had been read as having served for five successive years as senior counsellors, should be transferred to the roll of the grand senior counsellors, and that of this transfer they should be duly notified by the secretary.

Junior Counsellors of Five Years Standing.

John Isaac Darby, Robert James Redden—total, 2.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, two in number, whose names had been read as having served for five consecutive years as junior counsellors, should be transferred to the roll of the senior counsellors, and that of this transfer they should be duly notified by the secretary.

Counsellors Elect.

Erasmus Taylor Camp, Andrew Jackson Coley, William Preston Copeland, James Benton Hatchett, John William Heacock, George Tilghman McWhorter, Edgar Rand, John Pope Stewart—total, 8.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, eight in number, whose names had been read as having signed the counsellor's pledge and paid the dues, should be transferred to the roll of the junior counsellors, and that of this transfer they should be duly notified by the secretary.

The revision of the second roll, the roll of the college of counsellors, was here ended, the said roll to stand closed until the next annual session of the association.

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The Election of Counsellors.

The Committee on the Revision of the Rolls reported that there were seven (7) vacancies in the college of counsellors. Whereupon the ballot was ordered and resulted in the election of the following gentlemen:

Blake, Wyatt Heflin, Cherokee county.
Duggar, Reuben Henry, Hale county.
Jordan, James Reid, Montgomery county.
Nicholson, Edward Pierson, DeKalb county.
Warren, Allen Love, Elmore county.
Whitfield, Bryan Watkins, Marengo county.
Wilkinson, John Edwards, Autauga county.

THE THIRD ROLL—THE REVISION OF THE ROLL OF THE CORRESPONDENTS.

The Committee on the Revision of the Rolls reported that the board of censors had made no recommendation for any change, either by way of addition or subtraction, in the roll of the correspondents.

The revision of the third roll, the roll of the correspondents was here ended, the said roll to stand closed until the next annual session of the association.

THE FOURTH ROLL.—THE REVISION OF THE ROLL OF THE OFFICERS.

The committee on the revision of the rolls reported the following vacancies in the roll of the officers, namely:

One president for one year.

One vice-president for the northern division for two years.

One censor for five years to fill the vacancy caused by the expiration of the term of Dr. S. D. Seelye.

One censor for five years to fill the vacancy caused by the expiration of the term of Dr. J. S. Weatherly, which term

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has been filled since Dr. Weatherly's death by Dr. W. H. Sanders acting under appointment of the president.

One censor for four years to fill the unexpired term of Dr. J. T. Searcy, the vacancy caused by his elevation to the presidency.

One censor for three years to fill the unexpired term of Dr. J. J. Dement, which term since Dr. Dement's death has been filled by Dr. Charles Whelan acting under appointment of the president.

One orator.

One alternate orator.

Thereupon the president ordered the necessary ballots which were taken with the following results:

For president—James Thomas Searcy, M. D., of Tuscaloosa.

For vice-president of the northern division—Barclay Wallace Toole, M. D., of Talladega.

For censors for five years—William Henry Sanders, M. D., of Mobile; and Samuel Dibble Seelye, M. D., of Montgomery.

For censor for four years—Benjamin James Baldwin, M. D., of Montgomery.

For censor for three years—Charles Whelan, M. D., of Birmingham.

For orator—Glenn Andrews, M. D., of Montgomery.

For alternate orator—William George Bibb, M. D., of Montgomery.

The revison of the fourth roll was here ended, said roll to stand closed until the next annual session of the association.

Then the president said: The four rolls have been duly revised according to our rules and usages, the Book of the Rolls will stand closed until the next annual session of the association.

The newly elected officers were all present, and all of

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them were duly installed in their respective offices in accordance with the usual formalities of the association.

Selma was selected as the place of holding the next annual session of the association.

On motion of the senior censor the association adjourned *sine die*.

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THE ANNUAL REGISTER

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA

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THE BOOK OF THE ROLLS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

INTRODUCTION.—In the Transactions of last year the publishing committee prefaced the rolls of county societies with instructions to secretaries as to their records and the best method of obtaining information concerning them that would pass criticism, but the reports of this year come in all sorts of shapes, with errors so glaring, excuses could not be found for them. If secretaries would only place their reports in the volume of the year in which they are made, find out the full names, dates and colleges of graduation, dates of county certificates and addresses, and arrange these names in alphabetical order, all trouble of correcting errors by the secretary would be obviated.

Explanation.—The letters mc stand for medical college; the letters cb for county board; when the certificate is issued by the examining board of the county in the register of which it occurs, the name of the county is omitted; when the certificate was issued by the examining board of some other county, the name of such county succeeds the abbreviation. The first name in every board of censors is that of the president of the board.

THE ROLL OF THE COUNTY MEDICAL SOCIETIES.

REVISION OF 1892.

AUTAUGA COUNTY MEDICAL SOCIETY—Selma, 1874.

OFFICERS.

President, Charles A. Edwards; Vice-President, John W. Davis; Secretary, Eugene A. King; Treasurer, Eugene A. King; Health Officer, Walter J. Bell. Censors—Charles A. Edwards, John W. Davis, Eugene A. King, John E. Wilkinson, Wyatt W. Golson.

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NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bell, Walter Jay, mc univ Tulane 91, cb 91, Prattville.
Davis, John Wilson, mc Atlanta 59, cb 80, Prattville.
Edwards, Charles Alva, mc Memphis 59, cb 80, Prattville.
Golson, Wyatt Washington, mc South Carolina 54, cb 80, Autaugaville.
Huddleston, Robert Lee, mc Atlanta 90, cb 92, Wadsworth.
Jackson, Stonewall, mc Atlanta 89, cb 89, Wadsworth.
King, Eugene Asbury, mc Alabama 88, cb 88, Autaugaville.
McKeithen, Archibald Smith, mc univ Virginia 60, cb 80, Prattville.
Saddler, William Thomas, mc phy and surg Baltimore, 91, cb 91, Prattville.
Wilkinson, John Edward, mc univ Louisiana 68, cb 80, Prattville.
Total, 10.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Howard, Charles Campbell, mc Georgia 41, cb 80, Autaugaville.
Parnell, Charles Nichols, mc Alabama 91, cb 91, Mulberry.
Sherrell, James Lewis, mc univ Pennsylvania 60, cb 80, Vineton.
Total, 3.

Moved into the county—Robert Lee Huddleston, from Wetumpka to Wadsworth; Charles Nichols Parnell, from Dixie, Chilton county, to Mulberry.

BALDWIN COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, Phillip M. Hodgson; Vice-President, —— ——; Secretary, William M. Lovelady; Treasurer, William M. Lovelady; Health Officer, William M. Lovelady. Censors—Phillip M. Hodgson, William M. Lovelady, Volner McReynolds Showalter.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Hodgson, Phillip Melanchthon, mc Alabama 88, cb 89, Stockton.
Lovelady, William Marshall, cb 82, Bon Secour.
Showalter, Volner McReynolds, mc Alabama 90, cb 90, Point Clear.
Tompkins, John E., mc univ Vanderbilt 80, cb 81, Bon Secour.
Total, 4.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Coughlin, Malachy, mc Alabama 92, Tensaw.
Fowler, George Huggins (Ft. Morgan), Herndon.
Reynolds, Samuel Kirkpatrick, mc Jefferson 57, cb Mobile 78, Battle's Wharf.
Total, 3.

Moved out of the county—Joseph D. Trammell, from Tensaw to Williams', Escambia county.

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Examinations—For the practice of medicine —— Coughlin, mc Alabama 92, Tensaw. Examination in progress.

Deaths—Origen Sibley Holmes, M. D., mc Alabama 86, cb 89, Hurricane Bayou.

BARBOUR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, Simon A. Holt; Vice-President, William H. Robertson; Secretary, LeRoy J. Simpson; Treasurer, LeRoy J. Simpson; Health Officer, William H. Robertson. Censors—Simon A. Holt, Albert Goodwin, William P. Copeland, James K. Battle, Joseph J. Winn.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Battle, Joseph Thomas, mc Georgia 68, cb 87, Hawkinsville.
Battle, Junius Kincade, mc univ Louisiana 83, cb 83, Eufaula.
Brannon, Hugh Lee, mc univ Vanderbilt 85, cb 85, Harris.
Copeland, William Preston, mc Bellevue 70, cb 79, Eufaula.
Davis, Judson, mc Georgia 72, cb 81, Cowikee.
Drewry, John Wallace, mc Jefferson 49, cb 81, Eufaula.
Goodwin, Albert, mc univ Louisiana 73, cb 79, Eufaula.
Holt, Simon Augustus, mc univ New York 58, cb 79, Eufaula.
Huey, George Washington, non-graduate, Bethel.
Mitchell, William Augustus, mc univ Louisiana 68, cb 79, Eufaula.
Patterson, Thomas, mc Atlanta 69, cb 82, Louisville.
Powell, Claudius Washington, ———.
Pruett, James Henry, mc univ New York 88, cb 79, Harris.
Robertson, William Henry, mc Alabama 87, cb 87, Clayton.
Simpson, LeRoy Johnston, mc Bellevue 83, cb Montgomery 83, Eufaula.
Warren, Benjamin Smart, mc univ Tulane 91, cb 91, Clayton.
Winn, Joseph Julius, mc Atlanta 68, cb 81, Clayton.

Total, 17.

Honorary Members.

Bledsoe, Francis Marion, mc Jefferson 59, cb Georgia 81, Georgetown, Georgia.
Herron, Edward Marion, mc South Carolina 32, cb 81, Eufaula.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Belcher, William R., mc Atlanta 89, cb 89, Bush.
Blair, William Henry, mc Atlanta 80, cb 87, Louisville.
Borden, James Thomas, mc Atlanta Southern 85, cb 85, Louisville.
Crews, Joseph Emmet, mc Georgia 53, cb 79, Clayton.
Faulk, Daniel Winston, one course, not practicing, Clio.

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Grubbs, Walter William, mc Atlanta Southern, one course, Clayton.
Herron, David J., ———.
Jay, John, ———.
Lingo, James Henry, ———.
Mayes, William Robert, mc National 59, cb 82, Clayton.
Reynolds, James Augustus, mc Ohio 45, cb 82, Pea River.
Russell, William Arnold, mc Ohio 45, cb 82, Batesville.
Smart, William Alexander, mc univ Louisville 85, cb 86, Clayton.
Turner, Alexander, mc South Carolina 57, cb 79, White Oak.
Total, 14.

Examinations—for the practice of medicine, Hamilton Moore Weeden, mc Alabama 91, Eufaula; George Oscar Wallace, mc Alabama 91. Certificates granted. John Clifton Fleming, mc Alabama 91, Texasville. Certificate refused.

BIBB COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, James W. Brand; Vice-President, William J. Nicholson; Secretary, Milton C. Shoolar; Treasurer, William N. McGee; Health Officer, William F. Black. Censors—James W. Brand, William J. Nicholson, Oscar Whitfield, Milton C. Shoolar.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Black, William Frederick, mc univ Vanderbilt 90, cb Morgan 90, Blocton.
Brand, James Walker, mc univ Virginia 56, cb 78, Randolph.
McGee, William Nathan, mc Alabama 90, cb 90, Blocton.
Nicholson, William John, mc univ Vanderbilt 84, cb 85, Centreville.
Shoolar, Milton Carson, mc Alabama 87, cb 87, Centreville.
Whitfield, Oscar, mc univ Vanderbilt 81, cb 81, Briarfield.
Woolsy, Charles Lewis, old law, Randolph.
Total, 7.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hill, Allen Green, old law, 55, cb Tuscaloosa 83, Green Pond.
James, Frederick Marshall, non-graduate, Centreville.
Jones, Benjamin Franklin, mc Miami 85, cb Jefferson 86, Blocton.
Jones, Robert Samuel, cb 82, Six Mile.
Meadow, Albert Eli, mc Hahanneman 83, cb Jefferson 83, Blocton.
Ray, Jacob Uriah., cb 82, Woodstock.
Sessions, Alexander Hamilton, non-graduate, cb 82, Affonee.
Williams, James Milford, mc Georgia 39, cb 79, River Bend.
Total, 8.

Moved out of the county—William C. Cross, from Blocton to Newbern, Hale county; Herbert H. McAuley, from Briarfield to Mobile; Thornley E. Shoolar, from Centreville to Spratt, Perry county.

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Examinations—For the practice of medicine, Thornley Edward Shoolar, mc univ Vanderbilt 92, cb 92, Centreville; W. T. Sellers, mc Alabama 92, cb 92, Randolph; Luther M. Lathan, mc Alabama 92, cb 92, address, Six Mile. Certificates awarded.

BLOUNT COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, Alvin S. Davidson; Vice-President, William M. Cole; Secretary, Joseph F. Hendricks; Treasurer, Joseph F. Hendricks; Health Officer, William M. Cole. Censors—Francis N. Hudson, Alvin S. Davidson, William T. Bain, George W. Self, Joseph F. Hendricks.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allgood, William Barnett, mc Atlanta 81, cb 81, Chepultepec.
Bain, William T., mc univ Vanderbilt 89, cb 91, Cleveland.
Berier, John Henry, cb Cullman 86, Oneonta.
Cole, William Manson, mc Southern 86, cb 86, Blountsville.
Davidson, Alvine Steele, cb 78, Selfville.
Findley, William Marshall, mc univ Vanderbilt 82, cb 83, Blountsville.
Hendricks, Joseph Franklin, mc Atlanta 83, cb 83, Clarence.
Hudson, Francis Norton, mc univ Nashville 74, cb Madison 78, Blountsville.
Martin, Henry Bailey, mc univ Nashville 88, cb 88, Arkadelphia.
Moore, David Sanders, mc Atlanta 80, cb 79, Clarence.
Self, George William, mc univ Vanderbilt 89, cb 89, Murphree's Valley.
Wiggins, William D., mc univ Vanderbilt 91, cb 91, Oneonta.
Wikle, LaFayette L., mc univ Vanderbilt 89, cb 89, Village Springs.
Total, 13.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Alldridge, Patrick George, mc Atlanta 75, cb 82, Brooksville.
Ballinger, Bart, non-graduate, Arkadelphia.
Clapp, William King, non-graduate, cb Marshall, Gum Springs.
Donehoo, Floyd George, mc Georgia Southern 81, cb 81, Murphree's Valley.
Estell, Samuel Henderson, cb Sumter 76, Blount Springs.
Haden, Andrew Wade, mc univ Vanderbilt 82, cb 84, Summit.
Haden, Henry Hughes, mc univ Vanderbilt 85, cb 86, Summit.
Harwell, James Thomas, mc Georgia Southern 83, cb 83, Compton.
Whaley, James Peter, cb 84, Blount Springs.
Total, 9.

Moved out of the county—Felix Alexander Gillespie, mc Alabama 89, cb 89, from Hanceville to Centre, Cherokee county.

Examinations—For the practice of medicine, William T. Bain, mc

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univ Nashville 89, cb 91, Cleveland; William D. Wiggins, mc univ Vanderbilt 91, cb 91, Oneonta. Certificates awarded.

Deaths—John Henchia Willoughby, M. D., cb 78, Garden City.

BULLOCK COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, Samuel C. Cowan; Vice-President, Benj. F. Darnell; Secretary, Robert H. Hayes; Treasurer, Henry M. Hunter; Health Officer, Samuel C. Cowan. Censors—Samuel M. Hogan, Robert H. Hayes, Charles H. Franklin, Nathaniel M. Bledsoe, William A. Walker.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ayres, Charles James, mc univ Virginia 86, cb Dallas 86, Fitzpatrick.
Bledsoe, Nathaniel Macon, mc univ Nashville 57, cb 80, Union Springs.
Butt, Richard Lemuel, mc univ New York 46, cb 80, Midway.
Caldwell, Groves, mc univ Pennsylvania 45, cb 80, James.
Calvin, James Pickett, mc univ Louisville 91, cb 91, Hector.
Cowan, Samuel Calvin, mc Alabama 89, cb 89, Union Springs.
Crymes, Augustus Clayton, mc Jefferson 56, cb 80, Midway.
Darnell, Benjamin Franklin, mc Atlanta 55, cb 83, Inverness.
Franklin, Charles Higgs, mc univ Louisiana 66, cb 80, Union Springs.
Grimes, Erasmus Darwin, mc univ Louisville 66, cb Montgomery 77, Fitzpatrick.
Harris, William Sanford, mc univ New York, Dick's Creek.
Hayes, Robert Hughes, mc St. Louis 79, cb 80, Union Springs.
Hogan, Samuel Mardis, mc univ Louisville 73, cb 80, Union Springs.
Hunter, Henry Mitchell, mc phy and surg Baltimore 86, cb 87, Union Springs.
Leitner, Charles Bacus, mc univ Maryland 47, cb Russell 85, Flora.
Powell, Clifton William, mc Alabama 91, cb Lowndes 91, Hector.
Reynolds, James Henry, mc univ Nashville 54, cb 80, Mt. Hilliard.
Reynolds, William Anderson, mc Alabama 85, cb 85, Mt. Hilliard.
Sessions, Lewellen, mc Georgia 48, cb 87, Union Springs.
Thomason, William Bartlett, mc Georgia 54, cb 80, Aberfoil.
Walker, William Austin, mc Jefferson 54, cb 85, Perote.
Zeigler, William Olin, mc Atlanta (one course) 80, cb 80, Perote.
Total, 22.

Honorary Members.

Banks, Newton Paley, mc univ Louisville 49, Columbus, Ga.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Rumph, James David, mc South Carolina 36, cb 80, Perote,
Swanson, William Schley, mc Atlanta 57, cb 80, James,
Total, 2.

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Moved into the county—Clifton William Powell, from Lowndes county to Hector.

Deaths—William Aurelius Mayes, M. D., mc Georgia 55, cb 85, Midway, of Angina Pectoris, November 12, 1891.

BUTLER COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, Job Thigpen; Vice-President, Curtis B. Herbert; Secretary, Francis M. Thigpen; Treasurer, ———; Health Officer, Joel C. Kendrick. Censors—Curtis B. Herbert, Joel C. Kendrick, Job Thigpen, Henry G. Perry, Conrad Wall.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allman, James Edward, mc Savannah 69, cb 79, Georgiana.
Broughton, John Thomas, mc univ Pennsylvania 52, cb 79, Greenville.
Brown, William Abner, cb Tuscaloosa, Garland.
Donald, James Glenn, mc Louisiana 54, cb 78, Monterey.
Garrett, James Jefferson, mc Georgia Reform 82, cb 82, Monterey.
Grissett, William Paners, mc Alabama 72, cb 84, Garland.
Herbert, Curtis Burke, state board 79, cb 78, Greenville.
Kendrick, Joel Cloud, mc univ Nashville 52, cb 78, Greenville.
Knight, Comer James, mc univ New Orleans 58, cb 78, Greenville.
Lloyd, Cary Chappelle, mc Atlanta 58, cb 78, Greenville.
Mangum, William Washington, Dunham.
McCane, James Jordan, mc Louisiana 82, cb 82, Dunham.
Owen, Jared Douglass, mc Alabama 79, cb 79, Manningham.
Perry, Henry Gaither, mc Georgia Reform 88, cb 89, Bolling.
Scott, Harvey Edward, mc univ Vanderbilt 80, cb 80, Georgiana.
Simmons, William Cleveland, cb 79, Manningham.
Smith, Robert Edward, mc Alabama 86, cb 86, Greenville.
Smith, William Robert, mc Alabama 86, cb 86, Oakey Streak.
Thigpen, Francis Marion, mc univ Louisiana 91, cb 91, Greenville.
Thigpen, Job, mc Georgia 56, cb 78, Greenville.
Wall, Conrad, mc univ Nashville 59, cb 78, Forest Home.
Wright, William Pendleton, cb 78, Bolling.

Total, 22.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Harrison, Joseph, mc South Carolina 52, cb 84, Greenville.
Steiner, Arthur Samuel, mc univ Louisville 82, cb 84, Greenville.
Steiner, Samuel Jackson, mc univ Vanderbilt 79, cb 79, Greenville.
Perdue, James Lewis, mc Alabama 75, cb 79, Greenville.

Total, 4.

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Moved out of the county—Walter J. Bell, to Prattville, Autauga county; William C. Dewberry, from Garland to Cantonment, Florida; Robert Neil Murphy, from Georgiana to Mobile.

Examinations - To begin the study of medicine, G. A. Donald, Jr., William Gramling, N. E. Hamilton, J. A. Kendrick. Certificates awarded.

For the practice of medicine—Walter Jay Bell, mc univ Tulane 91, cb 92; William C. Dewberry, mc Alabama 91, cb 92; Charles W. Sheppard, mc Alabama 91, cb 92; Francis Marion Thigpen, mc univ Tulane, N. O. Certificates granted.

CALHOUN COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, Thomas W. Ayers; Vice-President, John B. Kelly; Secretary, James H. McDuffie; Treasurer, Edmunds C. Anderson; Health Officer, Thomas W. Ayers. Censors—Robert L. Bowcock, John M. Crook, William B. Arbery, John M. Whiteside, James H. McDuffie.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Anderson, Edmunds Clack, mc s of m Kentucky 77, cb 88, Anniston.
Arbery, William Buchanan, mc univ Vanderbilt 82, cb Macon 82, Anniston.
Ayers, Thomas Willborn, mc phy and surg Baltimore 82, cb 86, Jacksonville.
Baker, Joseph Lorenzo, Southern, Atlanta 84, cb Cleburne 84, Piedmont.
Bowcock, Robert Lee, mc univ of Virginia 86, cb 88, Anniston.
Brothers, Phillip Houston, old law 41, cb 86, Cane Creek.
Buckalew, Ansel Milbran, mc univ Louisville 70, cb 86, DeArmanville.
Bullard, Aurelius Francis, mc Jefferson, one course, 76, cb 81, Oxford.
Christian, McAns Thomas William, mc Georgia, one course, 57, cb Cherokee, old law, 58, Oxford
Crook, John Martin, mc phy and surg Baltimore 85, cb 86, Jacksonville.
Davis, John Francis Marion, mc Atlanta 60, cb 81, Choccolocco.
Douthit, Andrew Jackson, cb 81, Alexandria.
Freeman, Clarence, mc Atlanta 91, cb 91, Oxford.
Gordon, Frederick Elliott, mc Alabama 82, cb Marengo 82, Anniston.
Hill, Thomas Calhoun, mc South Carolina 60, cb 84, Oxford.
Huger, Richard Proctor, mc South Carolina 71, cb 81, Anniston.
Hughes, John Leander, mc Georgia 51, cb 83, Piedmont.
Kinabrew, William Henry, mc univ New York 78, cb 83, Piedmont.
Kelly, John Baker, mc Jefferson 59, cb Coosa 84, Anniston.
LeGrand, John Calhoun, mc Atlanta 80, cb 81, Anniston.

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Ligon, Arthur Wellington, mc univ Vanderbilt 83, cb 84, Oxford.
Mathews, George Andrew, mc Michigan 66, cb 90, Anniston.
McCurry, Samuel Josephus, mc Atlanta 80, cb Cherokee 81, Anni ston
McDairmid, John Calvin, mc Georgia (one course) 55, cb Clay 83, Oxford.
McDuffie, James Henry, mc univ Maryland 87, cb 89, Anniston.
McRae, Francis Marion, cb Cleburne 81, Ohatchee.
Murfee, John Howard, phy and surg New York 67, cb 91, Anniston.
Simpson, John Lee, mc Atlanta 89, cb Coosa 83, Anniston.
Teague, Francis Bowden, mc univ Tennessee 80, cb Etowah 80, Piedmont.
Walker, James Fleming, mc univ Louisville 81, cb 92, Anniston.
Warren, William James, mc Atlanta 89, cb Tallapoosa 89, Anniston.
Whiteside, John Marshall, mc univ Vanderbilt 84, cb 84, Oxford.
Wikle, Jesse Lane, mc Georgia 79, cb 81, Anniston.
Williams, Benjamin Dudley, mc univ Louisville 81, cb 83, Oxford.
Williams, George Coke, cb 81, White Plains.
Wood, Hiram Alexander, mc Atlanta 88, cb Cleburne 88, Anniston.
Total, 36.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bolling, William Elsberry, cb 81, Davisville.
Crook, James Edward, mc univ Vanderbilt 83, cb 83, Alexandria.
Davis, Thomas Asbury, mc univ Louisiana 59, cb 84, Anniston.
Evans, Benjamin Shumate, cb 81, White Plains.
Harvey, Lewis Clay, mc univ Louisiana 61, cb Fayette 88, Weaver's Station.
Hughes, Robert Lee, mc Atlanta 92, cb Cherokee 92, Choccolocco.
Jamison, Lewis, mc univ Pennsylvania 58, cb 90, Anniston.
Linder, Pleasant Phillips, cb 81, Jacksonville.
Meadows, J. M., Anniston.
Montgomery, Charles Henry, mc univ Washington 68, Jacksonville.
Smith, William Armistead, mc Alabama 81, cb Monroe 81, Anniston.
Teague, Robert George, cb 81, Piedmont.
Thomas, Charles Edward colored, mc Long Island Hospital 90, cb 90, Anniston.
Williamson, Thomas, cb 84, Peak's Hill.
Total, 14.

Moved into the county—Robert Charles Macy, from Texas to Anniston; Francis Bowden Teague, from Etowah county to Piedmont; J. L. Baker, from Cleburne county to Piedmont; H. A. Wood, from Cleburne county to Anniston; Clarence Freeman, from Griffin, Ga., to Oxford; C. H. Montgomery, from Etowah county to Jacksonville; Robert Lee Hughes to Choccolocco.

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Moved out of the county—R. C. Macy, from Anniston to Bessemer; W. H. Bell, from Anniston to Cleburne county; S. G. Stone, from Jacksonville to Bessemer; J. W. Overton, from Anniston to Iowa.

Examinations—J. H. Murfee, mc phy and surg New York 67; Clarence Freeman, mc Atlanta 91. Certificates awarded. W. T. Morgan, mc univ Vanderbilt 92. Certificate refused.

CHAMBERS COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, James A. Beasley; Vice-President, Robert L. Cater; Secretary, Benjamin F. Rea, Jr.; Treasurer, ——; Health Officer, John B. Rutland. Censors—Robert L. Cater, Benjamin F. Rea, Jr., Zachary T. Grady, William J. Love; William M. Gay.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Beasley, James Albert, mc Atlanta 72, cb 82, West Point, Ga.
Bonner, Thomas Harrison, mc Atlanta 82, cb Randolph 82, Hickory Flat.
Cater, Robert Lee, mc Jefferson 87, cb —, LaFayette.
Cooper, John William, mc South Carolina 45, cb 84, Mill Town.
DeVaughn, John Wesley, mc univ Vanderbilt 83, cb 83, Five Points.
Gay, William McCurry, mc Atlanta 81, cb 82, Mill Town.
Grady, Zachary Taylor, mc Atlanta 76, cb 86, Fredonia.
Griggs, Asa Wesley, mc univ Nashville 55, cb 82, West Point, Ga.
Hudson, William Henry, mc Atlanta 86, cb 86, LaFayette.
Kirby, Charles Windham, mc Atlanta 84, cb 85, LaFayette.
Love, William Joseph, mc Atlanta 82, cb Lee 85, LaFayette.
Rea, Benjamin Franklin, Sr., mc Jefferson 42, cb 82, LaFayette.
Rea, Benjamin Franklin, Jr., mc Alabama 85, cb 86, LaFayette.
Rutland, John Blake, mc Atlanta 80, cb 82, Fredonia.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bruce, Homer S., mc Atlanta 91, cb 91, Waverly.
Carmichael, Lawrence Green, mc Graffenburg 57, cb 82, Hickory Flat.
Davis, James Lawson, mc Alabama 76, cb 82, LaFayette.
Hamner, Lovick Pierce, cb Randolph 82, LaFayette.
Smith, Lawrence, mc Georgia 54, cb 82, Cusseta.
Stodhill, Robert James, mc Atlanta 81, cb 86, Five Points.
Total, 6.

Moved out of the county—Daniel Crawford, from Cusseta to Atlanta, Georgia; James Preston Pinkston, from LaFayette to Texas.

Examinations—Homer S. Bruce, mc Atlanta 91, cb 91, Waverly; William D. Gaines, Mill Town. Certificates awarded.

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Deaths—Charles Franklin Perry, M. D., mc Atlanta 78, cb 82, La-Fayette, of jaundice.

CHEROKEE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, Thomas N. White; Vice-President, Norman F. Cabot; Secretary, Robert L. McWhorter; Treasurer, Edward A. Cook; Health Officer, George D. W. Lawrence. Censors—Norman F. Cabot, William C. Darnall, James L. Sutherlin, Thomas N. White.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barge, Josiah Littleton, mc Atlanta 87, cb 88, Rock Run.
Cabot, Norman Franklin, mc univ New York and Vanderbilt 78, cb 87, Centre.
Carr, Robert Columbus, non-graduate, cb 90, Rock Run.
Cook, Edward Augustus, mc univ Vanderbilt 84, cb 84, Kirk's Grove.
Darnall, William Clement, mc univ Vanderbilt 90, cb 90, Centre.
Farill, John Paul, mc Atlanta 81, cb 87, Farill.
Lawrence, George Dougherty Washington, mc Georgia 56, cb 87, Cedar Bluff.
McWhorter, Robert Lee, mc Atlanta 87, cb 87, Gaylesville.
Sutherlin, James Lamar, mc Atlanta 91, cb 91, Centre.
White, Barnabas Pace, mc Georgia 56, cb 87, Centre.
White, Thomas Noel, mc Georgia 58, cb 87, Spring Garden.
Total, 11.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Appleton, Hugh Lounze, mc univ Vanderbilt 92, cb 92, Cedar Bluff.
Atkinson, Thomas Carlisle, Ball Flat.
Bell, Thomas Bailey, mc Philadelphia, Esom Hill, Ga.
Bomar, Richard Ritter, mc Georgia Southern 85, cb 87, Key.
Brown, Alexander M., cb 87, Leesburg.
Bruce, Green Thomas.
Camp, Ellis James, cb 89, Tecumseh.
Echols, Edward D. J., cb 87, Cedar Bluff.
Elliott, Theodoric Miles, s of m Kentucky 86, cb 87, Grassland.
Farill, John Washington, cb 87, Farill.
Gilder, Stephen B.
Mathews, John Patrick, mc univ Nashville 87, cb 87, Maple Grove.
McGehee, Joseph, mc univ Vanderbilt 92, cb 92, Leesburg.
McGehee, Robert Halleus, mc univ Vanderbilt 87, cb 87, Round Mountain.
Miller, Thomas Gideon, s of m Kentucky 87, cb 88, Gaylesville.
Shamblin, Alexander, cb 87, Broomtown.
Shamblin, John Levi, mc Atlanta 87, cb 88, Broomtown.

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Smith, Lee, mc univ Vanderbilt 92, cb 92, Alexis.
Tate, Charles Nathaniel, cb 87, Alexis.
White, William Yancey, mc univ Nashville and Vanderbilt 87, cb 87, Spring Garden.
Total, 20.

Moved out of the county—F. A. Gillespie to Hanceville, Blount county.

Examinations—for the practice of medicine, Hugh L. Appleton, mc univ Vanderbilt 92, cb 92, Cedar Bluff; Lee Smith, mc univ Vanderbilt 92, cb 92, Alexis. Certificates awarded.

CHILTON COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, Hugh W. Caffey; Vice-President, John A. McNeil; Secretary, William E. Stewart; Treasurer, —— ——; Health Officer, —— ——. Censors—William E. Stewart, Albert E. Bivings, Emmet A. Mathews.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bivings, Albert Eugene, mc South Carolina 79, cb 82, Clanton.
Caffey, Hugh William, mc South Carolina 55, cb Lowndes 83, Verbena.
Givhan, Joseph Phillips, mc Alabama 73, cb Dallas 78, Jemison.
Johnson, Joseph Samuel, Sr., mc Georgia 59, cb Dallas 79, Maplesville.
Mathews, Emmet Abram, mc Alabama 87, state board 87, Clanton.
McNeil, John Archibald, mc univ Tennessee 53, cb 79, Jemison.
Parnell, Charles Nicholas, mc Alabama 91, cb 91, Dixie.
Stewart, William Eugene, mc univ Louisville 75, cb 79, Clanton.
Total, 8.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dawson, James Jefferson (old law) 56, cb Autauga 80, Kincheon.
Dennis, Andrew Jackson L., mc Georgia Southern 90, cb 90, Cooper.
Johnson, Joseph Samuel, Jr., mc Baltimore 76, cb 79, Clanton.
Little, Wilson Worth, mc univ Vanderbilt 80, cb 80, Stanton.
Pitts, John Spate, mc univ Nashville 68, cb 79, Verbena.
Williamson, William Thomas, mc South Carolina 58, cb 79, Verbena.
Wise, John F., mc Graffenburg 56, cb 79, Cooper.
Wooley, Alexander S., (retired) mc Philadelphia 51, cb Dallas 84, Maplesville.
Total, 8.

Moved out of the county—Thomas E. Collier, from Dixie to Choctaw county; Hugh Thomas Caffey, from Jemison to Calera; Augustus A. Greene, from Verbena to Montgomery.

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Examinations—Augustus A. Greene, mc univ Vanderbilt 91, cb Chilton 91; Charles Nicholas Parnell, mc Alabama 91, cb 91. Certificates awarded.

CHOCTAW COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, Ferdinand P. Clarke; Vice-President, Louis Shoemaker; Secretary, Jacob P. Phillips; Treasurer, Jacob P. Phillips; Health Officer, Robert B. Carr. Censors—Robert B. Carr, Robert F. Moody, Ferdinand P. Clarke, Robert L. Young, Walter J. Coleman.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Carr, Robert Bryan, mc univ Louisville 82, cb Sumter 82, Pushmataha.
Clarke, Ferdinand P., mc Alabama 84, cb 84, Bevill's Store.
Coleman, Walter Jackson, mc Alabama 88, cb 88, Isney.
Cunningham, William Henry, mc Alabama 85, cb 85, Butler.
Harris, Evan P., mc univ Louisiana 68, cb Sumter 79, Rosser.
Johnson, William Wesley, mc Alabama 72, cb 79, Butler.
Johnson, Samuel F., cb 81, Butler.
Kimbrough, William Floyd, mc Alabama 83, cb 83, Mt. Sterling.
Knighton, Thomas A., mc univ Louisville 89, cb 89, Pennington.
Lewis, Thomas R., mc Alabama 92, cb 92, Womack Hill.
McCall, Daniel, mc Atlanta 59, cb 79, DeSotoville.
Moody, Robert Franklin, mc univ Louisiana 60, cb 79, Butler.
Needham, Eli W., mc univ Louisiana 58, cb 79, Lusk.
Phillips, Jacob Parker, mc Alabama 86, cb 86, Yantley Creek.
Shoemaker, Louis, cb 80, Womack Hill.
Young, Robert L., Mt. Sterling.
Total, 16.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Alexander W., mc univ Louisiana 53, cb 87, Burgamot.
Brown, Collin Balsam, mc univ Nashville 80, cb 83, Melvin.
Total, 2.

Moved out of the county—Joseph L. Granberry, from Pushmataha to Curle's Station, Sumter county; William B. Shamburger, from Yantley creek to Rosser, Sumter county; Mathew Turner, from Bladen Springs to Birmingham.

Examinations—For the practice of medicine, Joseph L. Granberry, mc univ Louisville 92. Certificate awarded.

CLARKE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, Bryan Burroughs; Vice-President, Clement E. Pugh; Secretary, Clement E. Pugh; Treasurer, John W. Fleming; Health

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Officer, James W. Armistead. Censors—Benjamin S. Barnes, Gross S. Chapman, Henry G. Davis, Lamartine O. Hicks, John W. Fleming.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Armistead, James Westwood, mc Alabama 83, cb 84, Grove Hill.
Barefield, Henry Litman, mc Alabama 72, cb Cherokee 87, Gosport.
Barnes, Benjamin Shields, mc univ Pennsylvania 59, cb 84, Suggsville.
Borroughs, Bryan, mc univ Louisville 70, cb 84, Vashti.
Chapman, Gross Scruggs, mc Alabama 79, cb Conecuh 83, Jackson.
Dahlberg, Charles James, mc Alabama 87, cb Choctaw 87, Suggsville.
Davis, Henry George, mc Alabama 72, cb 84, Gainestown.
Durden, Henry Jefferson, mc South Carolina 83, cb 84, Choctaw Corner.
Fleming, John William, mc Alabama 79, cb 84, Salitpa.
Gilmore, John Arcade, mc univ Louisville 86, cb 86, Thomasville.
Harwood, Thomas Broadnax, mc Tulane 60, cb 84, Tallahatta Springs.
Hicks, Lamartine Orlando, mc Alabama 73, cb 84, Walker's Springs.
Jeffrey, James Grey, mc Alabama 87, cb 88, Whatley.
Jones, Green Erwin, mc Atlanta 82, cb Wilcox 84, Coffeeville.
Prince, Thomas Jefferson, non-graduate, cb 84, Salitpa.
Pugh, Clement Eugene, mc Alabama 89, cb 87, Grove Hill.
Total, 16.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Armistead, Lee, non-graduate, Marion.
Bush, Boaz Whitfield, mc South Carolina 58, cb 84, Choctaw Corner.
Davis, James Madison, mc univ Louisiana 61, cb 84, Bashi.
Thredgill, James, non-graduate, Thomasville.
Webb, Sidney Vaughn, mc Jefferson 68, cb 84, Coffeeville.
White, Thomas B., mc univ Virginia 58, cb 84, Campbell.
Total, 6.

Moved out of the county—Thomas R. Newman, from Grove Hill to Talladega; Sidney Albert Pugh, from Bedsole to Marshall county.

CLAY COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, Thomas Northen; Vice-President, Seaborn W. Owens; Secretary, Charles S. Northen; Treasurer, Doras L. Stephens; Health Officer, Thomas Northen. Censors—Angus K. McDairmid, Doras L. Stephens, Wyatt H. Blake, John T. Manning, William F. Irvin.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bartlett, George Washington, non-graduate, cb 87, Black's Store.
Blake, Wyatt Heflin, mc univ Vanderbilt 84, cb Randolph 85, Lineville.

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Calloway, George McDaniel, mc Alabama 89, cb 89, Pinckneyville.
Coker, Martin James, cb 87, Hollins.
Darby, Cunningham Wilson, non-graduate, cb 87, Hatchett Creek.
Irvin, William Fletcher, mc univ Louisville 87, cb 87, Millerville.
Jenkins, William Oliver, mc Graffenburg 60, cb 87, Lineville.
Jordan, John Wiley, mc Atlanta 91, cb 91, Idaho.
Liles, Marion DeKalb, non-graduate, cb 87, Abner.
Manning, John Thomas, mc univ Vanderbilt 85, cb 87, Wheelerville.
McDairmid, Angus Kelly, mc Alabama 72, cb 87, Hollins.
Northen, Charles Stephen, mc Atlanta 91, cb 89, Ashland.
Northen, Thomas, mc Atlanta 78, cb 87, Ashland.
Owens, Seaborn Wesley, mc univ Louisville 83, cb 87, Bluff Spring.
Sims, George Nelson, mc Graffenburg 56, cb 87, Ashland.
Stephens, Albert Russell, mc Southern 88, cb 88, Delta.
Stephens, Doras Lee, mc Alabama 91, cb 91, Millerville.
Waits, Owen Kenyan, mc Graffenburg 56, cb 87, Lineville.
Total, 18.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Harris, David C., non-graduate, Delta.
Total, 1.

Moved into the county—Martin James Coker, from Goodwater, Coosa county, to Hollins.

Moved out of the county—Aaron La Fayette Harlan, from Ashland to Alexander City, Tallapoosa county; Robert O. Jones, non-graduate, from Millerville to Goodwater, Coosa county.

Examinations—For the practice of medicine, Doras Lee Stephens, mc Alabama 91, cb 91, Millerville. Certificate awarded.

*CLEBURNE COUNTY MEDICAL SOCIETY—Selma, 1884.

OFFICERS.

President, James P. Hurt; Vice-President, —— ——; Secretary, William A. Neal; Treasurer, Lewis W. Pitchford; Health Officer, Orlando W. Sheppard. Censors—William M. Ligon, Orlando W. Sheppard, William A. Neal, Lewis W. Pitchford.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baker, James Lewis, mc Atlanta Southern 83, cb 84, Oak Level.
Hurt, James P., cb 84, Edwardsville.
Johns, Thomas Jefferson, mc Alabama 88, cb 88, Mt. Hope.
Ligon, Wilson Milton, mc Georgia 61, cb 84, Chulafinnee.
Martin, Hicks, Jr., mc Georgia 83, cb 85, Benson's Mills.
McClintock, James L., Heflin.

* Not having received any returns from this county the report here given is that of last year.—SECRETARY.

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Neal, Robert L., mc Atlanta Southern 86, cb 89, Heflin.
Neal, Wlliam Alexander, mc Georgia 81, cb 84, Heflin.
Pitchford, Lewis W., mc South Carolina 88, cb 89, Arbachoochee.
Sheppard, Orlando Waters, mc Graffenburg 56, cb 84, Edwardsville.
Wood, Hiram Alexander, cb —, Chulafinnee.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hobgood, Samuel B., mc Atlanta —, Borden Springs.
Hudgeons, N. C., non-graduate, cb 84, Oak Level.
Martin, Hicks, Sr., cb 86, Heflin.
Pounds, William Lawrence, mc Atlanta Reform —, cb 84, Muscadine.
Powers, R. L., non-graduate.
Reid, Jesse Thomas, cb 84, Edwardsville.
Roberts, Charles B., non-graduate, Oak Level.
Simpson, John L., ———.

Moved into the county—Hicks, Martin, Sr., from Carroll county, Georgia, to Heflin.

Moved out of the county—Thomas Northen, from Heflin to Ashland, Clay county.

Examinations—For the practice of medicine, Robert L. Neal, mc Southern 86, cb 89, Heflin; Lewis W. Pitchford, mc Southern 88, cb 89, Arbachoochee. Certificates awarded.

COFFEE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, Francis M. Rushing; Vice-President, Josephus D. Blue; Secretary, Benjamin A. Hill; Treasurer, William W. Grubbs; Health Officer, —— ———. Censors—Francis M. Rushing, Benjamin A. Hill, Josephus D. Blue, William W. Grubbs, William H. Chapman.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blue, Josephus Dickson, mc New Orleans 61, cb 85, Elba.
Chapman, William Henry, mc Alabama 72, cb 85, Elba.
Crook, William Henry, mc Alabama 84, cb 85, Victoria.
Garrett, John Wilkerson, mc univ Louisville 81, cb 85, Clintonville.
Grubbs, William Westford, mc univ Louisville, 89, cb Covington 90, Enterprise.
Hill, Benjamin Augustus, mc Richmond 60, cb 85, Elba.
Howell, David Dickson, mc South Carolina 53, cb Geneva 88, Clintonville.
Rushing, Francis Marion, mc Louisiana 61, cb 85, Elba.
Total, 8,

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PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, James Peterson, cb 88, Damascus.
Cowart, William Augustus, cb 85, Frisco.
Steed, John Wesley, mc univ Nashville 56, cb 85, Haw Ridge.
Wilson, William Augustus, mc Georgia 56, cb 85, Elizabeth.
Total, 4.

Moved out of the county—Lowndes Hendrick, from Frisco to Dadeville, Tallapoosa county.

COLBERT COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, Hugh A. Blair; Vice-President, James C. Smith; Secretary, William H. Stanley; Treasurer, William H. Stanley; Health Officer, Hugh W. Blair. Censors—Hugh A. Blair, Hugh W. Blair, Charles T. Morris, Edgar P. Rand, William H. Stanley.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blair, Hugh Allen, mc univ Nashville 57, cb Montgomery 90, Sheffield,
Blair, Hugh Walter, mc univ Nashville 88, cb 88, Sheffield.
Cooper, Samuel Jackson, mc Memphis 71, cb 81, Tuscumbia.
Houston, James Marshall, mc Jefferson 51, cb 81, Dickson.
Morris, Charles Thomas, mc univ Louisville 75, cb Henry 80, Sheffield.
McWhorter, George Tighlman, cb Madison 81, Riverton.
Pinkston, James Marion, mc phy and surg Baltimore 78, cb Marengo 80, Sheffield.
Pride, Joseph Peebles, mc univ New York 55, cb 81, Pride's Station.
Pruett, ——— ———.
Rand, Edward Pearsall, mc univ Louisville 72, cb 81, Tuscumbia.
Smith, James Clarke, mc univ Vanderbilt 85, cb Elmore 85, Tuscumbia.
Stanley, William Hill, mc univ Vanderbilt 87, cb Lawrence 87, Tuscumbia.
Walker, David Harris, mc univ Vanderbilt 82, cb 82, Spring Valley.
Wall, Alexander Alfred, mc univ Pennsylvania 49, cb Madison 78, Tuscumbia.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abernathy, Robert Towns, mc univ New York 49, cb 81, Tuscumbia.
Boyd, Philander Sumner, mc univ Tennessee 88, cb —, Sheffield.
Frierson, James G., mc univ Louisville 85, Allsborough.
Haney, Julius Tilman Wesley, mc Alabama 91, cb 92, Cherokee.
Johnson, Beverly, Tuscumbia.

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McCloskey, James A., Dug.
Moore, Riley Jackson, mc univ Louisville 79, cb 90, Riverton.
O'Riley, John Edmund, mc Alabama 74, cb 84, Cherokee.
Total, 8.

Moved into the county—William Hill Stanley, from Town Creek. Lawrence county, to Tuscumbia.

Moved out of the county—Atticus Green Haygood, from Sheffield to California; Stephen Davis Lindsey, from Sheffield to Illinois.

Examinations—For the practice of medicine, Julius Tilman Wesley Haney, Burton.

CONECUH COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, Andrew Jay; Vice-President, Adam A. McKittrick; Secretary, Adam A. McKittrick; Treasurer, Adam A. McKittrick; Health Officer, Adam A. McKittrick. Censors—Andrew Jay, Hugh T. Fountain, A. A. McKittrick, Thos. M. McMillan, Richard Thomas Holland.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Fountain, Hugh Thomas, mc Alabama 72, cb Monroe 79, Burnt Corn.
Holland, Richard Thomas, mc Alabama 90, cb 90, Castleberry.
Jay, Andrew, mc Alabama 72, cb 84, Evergreen.
McKittrick, Adam Alex., mc Georgia 60, cb 84, Evergreen.
McMillan, Thomas Morton, mc univ Tulane 91, Brooklyn.
Shaver, William Benj., mc Georgia Reform 60, cb 84, Herbert.
Taliaferro, Charles Thomas, mc Atlanta 59, cb 84, Evergreen.
Total, 7.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bradley, Eli, mc Jefferson 84, cb 84, Bellville.
Bruner, Pinckney McDonald, mc Alabama 79, cb 79, Evergreen.
Lee, Robert Augustus, mc univ Louisiana 60, cb 84, Evergreen.
McCrary, John Absalom, mc univ Louisiana 60, cb 84, Evergreen.
Total, 4.

Moved into the county—Thomas Morton McMillan, mc univ Tulane 91, to Brooklyn.

Moved out of the county—William Chelsey Shaw, from Bellville to Texas.

Deaths—Aaron Pinson Feagin, M. D., mc Atlanta 60, cb 84, Brooklyn, of cancer of the foot.

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COOSA COUNTY MEDICAL SOCIETY—Birmingham, 1883.

OFFICERS.

President, William H. Moon; Vice-President, Alexander T. Bryant; Secretary, Julius Jones; Treasurer, Julius Jones; Health Officer, Albert J. Peterson. Censors—William H. Moon, Julius Jones, William J. Peddy, Albert J. Peterson, William T. White.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Argo, Eugene, mc univ Vanderbilt 91, cb 91, Goodwater.
Bailey, William, non-graduate, cb 83, Equality.
Bryant, Alexander Thomas, mc univ Louisville 90, cb Clay 87, Weogufka.
Cousins, James Columbus, mc univ Baltimore 91, cb 91, Equality.
Holloway, William Alphonzo, mc Alabama 89, cb Tallapoosa 89, Lauderdale.
Jones, Julius, mc univ Vanderbilt 84, cb 84, Rockford.
Mathews, John Thomas, mc New Orleans 73, cb 84, Hanover.
Maxwell, Cecil Kelly, mc Alabama 91, cb 91, Kellyton.
Moon, William Henry, mc Alabama 79, cb 83, Goodwater.
Noel, Richard Spencer, mc Kentucky 89, cb Clay 89, Equality.
Peddy, William Jeremiah, mc Graffenburg 55, cb 83, Rockford.
Peterson, Albert Jefferson, mc univ Vanderbilt 89, cb 89, Hanover.
Salter, Pascal Preston, non-graduate, cb 84, Goodwater.
Smith, Malcolm Duncan, mc univ New York 91, cb 91, Nixburg.
White, William Tanner, mc univ Tennessee 86, cb 86, Nixburg.
Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Coker, James Jasper, non-graduate, cb 83, Weogufka.
Dollar, Henry Clay, mc Atlanta 75, cb 83, Marble Valley.
Goggans, Phillip Peterson, mc univ New York 80, cb Elmore 80, Travellers' Rest.
Parker, Eli, non-graduate, cb 83, Nixburg.
Pope, Chandler Mathews, mc Jefferson 57, cb 83, Goodwater.
Total, 5.

Moved into the county—William Alphonzo Holloway, from Fish Pond, Tallapoosa county, to Lauderdale.

Moved out of the county—Martin J. Coker, from Goodwater to Hollins, Clay county; Simeon Osceola Humphries, from Nixburg to Wetumpka; William Elmore Maxwell, from Kellyton to Birmingham.

Examinations—For the practice of medicine, James Columbus Cousins, mc Baltimore 91, Equality; Cecil Kelly Maxwell, mc Alabama 91, Kellyton; Malcolm Duncan Smith, mc univ New York 91. Certificates awarded.

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Deaths—Richard Jasper Crowson, M. D., mc univ Vanderbilt 82, cb 82, Weogufka, of abscess of the liver, October '91.

COVINGTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, William N. McNair; Vice-President, William T. Stenson; Secretary, John F. Pendry; Treasurer, James R. Ealum; Health Officer, Wilbur E. Sentell. Censors—William N. McNair, Wilbur E. Sentell, John F. Pendry, James R. Ealum.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bozeman, T. Compton, mc Alabama 92. cb 92, Shirley.
Ealum, James R., mc Alabama 91, cb 91, Oakey Streak.
McNair, William N., mc Alabama 91, cb 91, River Falls.
Pendry, John F., mc Alabama 81, cb Crenshaw 82, Rose Hill.
Rushton, R. C., college not given, Andalusia.
Sentell, Wilbur Engene, mc Alabama 80, cb 89, Red Level.
Stenson, William T., mc Atlanta 91, cb 91, Rose Hill.
Street, William N., college not given, Hallton.
Total, 8.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Atkinson, Alexander G., non-graduate, Red Level.
Cawthorn, Samuel J. S., non-graduate, cb 90, Andalusia.
Patrick, Thomas, non-graduate, Green Bay.
Roberts, James M., non-graduate, Beda.
Sellers, Thomas L., non-graduate, Andalusia.
Whaley, James A., non-graduate, Green Bay.
Williams.
Total, 7.

Moved into the county—Williams.

CRENSHAW COUNTY MEDICAL SOCIETY—Mobile, 1882.

OFFICERS.

President, Joseph R. Horn; Vice-President, William H. Coston; Secretary, James E. Kendrick; Treasurer, Thomas L. Quillian; Health Officer, Samuel W. May. Censors—James E. Kendrick, Joseph R. Horn, Felix M. T. Tankersly, Charles W. Sheppard, Richard K. Horn.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Belcher, William Ree, mc Atlanta 89, cb Barbour 89, Brantley.
Burgamy, William Thomas, mc Atlanta 59, cb 88, Rutledge.
Coston, William Henry, mc Atlanta 88, cb 89, Leon,

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Horn, Joseph Robert, mc Alabama 87, cb 87, Luverne.
Horn, Richard Knox, mc Georgia Reform 81, cb 84, Patsburg.
Jones, Andrew Jackson, s of m Kentucky 86, cb 86, Highland Home.
Kendrick, James Evans, mc Alabama 69, cb 82, Luverne.
May, Samuel Williams, mc phy and surg Baltimore 82, cb 83, Bullock.
Quillian, Thomas Lamar, non-graduate, cb 84, Honoraville.
Sheppard, Charles Webb, mc Atlanta 91, cb 91, Honoraville.
Tankersley, Felix Marcus Tullis, mc univ Tennessee 85, cb 85, Highland Home.
Thrower, Stephen Leon, non-graduate, cb 84, Bradleyton.
Total, 12.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dryer, Edward Fox, cb 84, Rutledge.
Moxley, David Newton, cb Pike, old law, 60, New Providence.
Pryor, William Dayton, mc univ Nashville 79, cb Butler 81, Aiken.
Stough, Daniel Bluford, s of m Kentucky 87, cb 87, Helicon.
Total, 4.

Moved into the county—William R. Belcher, from Bush, Barbour county, to Brantley.

Moved out of the county—John C. Fleming, to Barbour county.

CULLMAN COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, John E. Purdon; Vice-President, John H. Walling; Secretary, Francis B. Burnum; Treasurer, Francis B. Burnum; Health Officer, Marquis L. Johnson. Censors—Marquis L. Johnson, John E. Purdon, Francis B. Burnum, John H. Walling, Lewis A. Kellar.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bradley, Peter C., mc univ Vanderbilt 90, cb 90, Cullman.
Burnum, Francis Bynum, mc univ Vanderbilt 79, cb 86, Cullman.
Harris, William R., non-graduate, cb 92, Garrison's Point, Blount county.
Hayes, Elbert, mc univ U. S. Grant Chattanooga 92, cb 92, Cullman.
Johnson, Marquis La Fayette, mc Alabama 75, cb Marshall 85, Cullman.
Kellar, Lewis A., mc Atlanta 88, cb 89, Ruby.
Martin, William Henry, mc Atlanta 88, cb 89, Ruby.
McCarty, George Washington, mc univ Nashville 88, cb 89, Joppa.
McPherson, George Washington, mc univ Vanderbilt 86, cb 86, Bremen.
Purdon, Edward Anthony Harry, mc univ U. S. Grant Chattanooga 92, cb 92, Cullman.

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Purdon, John Edward, mc univ Dublin, Ireland, 63, cb DeKalb 85, Cullman.
Reid, William Jasper, cb 89, Trimble.
Walling, John Henry, cb 89, Trimble.
Watts, John Washington, mc Georgia Reform 88, cb 89, Holley Pond.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brindley, Benjamin Pace, mc Georgia Reform 92, cb 92, Lincoln.
Geiger, Marion Capers, mc Georgia Reform 86, cb 86, Cullman.
Terrell, Early Wesley, mc univ Nashville 88, cb Elmore 89, Cullman.
Zeidling, John, non-graduate, cb 89, Walter.
Total, 4.

Moved into the county—Peter C. Bradley, from Hanceville, Blount county, to Cullman.

Moved out of the county—James C. Collins, from Bremen to Warrior, Jefferson county; Adam H. Kalbfleishe, from Cullman to Penn, Indiana; William Zeidling, non-graduate, from Walter to Lamar county.

Examination—For the practice of medicine, James Clifton Collins, mc Louisville 91, cb —, residence unknown.

DALE COUNhY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, Robert F. Harper; Vice-President, Washington L. Jones; Secretary, Washington L. Jones; Treasurer, Alexander G. McLeod; Health Officer, Robert F. Harper. Censors—Samuel L. Weed, Erastus B. Ard, Terrell T. Campbell, James W. Reynolds, Robert F. Harper.

NAMES OF PHYSICIANS WITH THEIR COLLEGES AND POST-OFFICES.

Ard, Erastus Byron, mc univ Vanderbilt 87, cb 87, Haw Ridge.
Byrd, Benjamin L., Newton.
Campbell, Terrell Taylor, mc Georgia Reform 83, cb 87, Echo.
Davie, Mercer Stilwell, mc Jefferson 67, cb 87, Ozark.
Harper, Robert Franklin, mc Alabama 88, cb Coffee 88, Ozark.
Holman, John Clinton, mc Jefferson 56, cb 87, Ozark.
Howell, Samuel Mathew Crawford, mc Southern 91, cb 91, Midland City.
Jones, Washington La Fayette, mc univ Louisville 75, cb 87, Ozark.
McLeod, Alexander Gillis, mc univ Louisiana 59, cb 87, Daleville.
Morris, Andrew Jackson, mc Southern 87, cb Geneva 87, Newton.
Reynolds, James Wilson, mc Alabama 85, cb 87, Skipperville.
Reynolds, Richard Davis, mc Alabama 80, cb 87, Skipperville.
Sanders, William Bryan, mc Southern 85, cb Pike 85, Ozark.

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Stegall, Albert Sidney, mc Alabama 88, cb 89, Clopton.
Stegall, William Collinsworth, mc South Carolina 60, cb 87, Ozark.
Weed, Samuel La Fayette, mc Alabama 85, cb 87, Ariosta.
Total, 16.

Honorary Members.

Bottoms, James C., mc Atlanta 83, cb 87, Ozark.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baxter, Hugh C., mc Atlanta 86, cb 87, Midland City.
Bell, Samuel B., Clopton.
Cowart, William Augustus, cb Coffee 85, Charlton.
Dalton, Christopher Columbus, mc Georgia Reform 91, Wicksburg.
Glover, Thomas T., mc univ Louisville 91, Charlton.
Hurst, —— ——, Echo.
Hendrick, Walter Branham, mc univ Louisville 90, cb Pike 90, Daleville.
Hollis, James Martin, mc St. Louis 91, cb 91, Midland City.
King, William Robert, quack, Ozark.
Price, James R., mc Alabama, one course, 85, cb 87, Wicksburg.
Spear, Phillip Benton, mc Ceorgia Reform 91, cb 91, Midland City.
Stokes, James E., Echo.
Total, 12.

Moved into the county—William A. Cowart, from Frisco, Coffee county, to Charlton; Walter B. Hendrick, from Hatchechubbee, Russell county, to Daleville; William B. Sanders, from Milo, Pike county, to Ozark.

Moved out of the county—William R. Belcher, from Daleville to Brantley, Crenshaw county; Henry J. Smisson, from Newton to Dothen, Henry county.

Examinations—For the practice of medicine, William R. Belcher' mc Alabama 89, cb 89, Brantley; James M. Hollis, mc St. Louis 91, Midland City; Samuel M. C. Howell, mc Southern 91, cb 91, Midland City; David R. Moody, Wicksburg; Phillip B. Spear, mc Georgia Reform 91, cb 91, Midland City. Certificates awarded. T. T. Glover, certificate refused.

Deaths—David Robert Moody, M. D., Wicksburg.

DALLAS COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, Samuel G. Gay; Vice-President, Clement Ritter; Secretary, William W. Harper; Treasurer, Thomas G. Howard; Health Officer, Edward B. Ward. Censors—John P. Furniss, John A. McKinnon, Robert D. Jackson, Edward B. Ward, Samuel Kirkpatrick.

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NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adams, Benjamin Clarence, mc Alabama 72, cb 78, Adams.
Alston, Lemuel Lovatt, mc South Carolina 57, cb 78, Orrville.
Clarke, Courtney James, mc Jefferson 44, cb 78, Selma.
Cochran, Robert Miller, mc univ Virginia 65, cb 78, Eleanor.
Dansby, John Quincy, mc Alabama 74, cb Wilcox 78, Selma.
Donald, James Marion, mc Alabama 84, cb Marengo 84, Bridges.
Donald, Joseph Marion, mc univ Louisiana 54, cb 78, Harrell's.
Furniss, John Perkins, s of m New Orleans 66, cb 78, Selma.
Garber, James R., mc univ Louisiana 67, cb 78, Selma.
Gay, Samuel Gilbert, mc Alabama 87, cb 87, Selma.
Groves, Joseph Asbury, mc South Carolina 54, cb 78, Brown's.
Harper, William Wade, mc univ Tulane 91, cb 91, Selma.
Howard, Thomas Greenwood, mc Washington Baltimore 68, cb Autauga 87, Selma.
Hunter, John James, mc Alabama 81, cb Coosa 83, Selma.
Jackson, Robert Dandridge, mc South Carolina 57, cb 78, Summerfield.
Kendall, William Quinton, mc phy and surg Baltimore 80, cb 80, Berlin.
King, Goldsby, mc South Carolina 80, cb 80, Selma.
Kirkpatrick, Samuel, mc univ Vanderbilt 88, cb 88, Selma.
McKinnon, John Alexander, mc univ Louisiana 67, cb 78, Selma.
Phillips, William Crawford, mc univ Louisiana 73, cb 78, Selma.
Pratt, John William, mc Alabama 91, cb Montgomery 91, Burnsville.
Ritter, Clement, mc Jefferson 90, cb DeKalb 90, Selma.
Taylor, William Henry, mc Alabama 87, cb Marengo 87, Central Mills.
Tipton, Frank, mc univ Louisiana 70, cb 78, Selma.
Tipton, William Joseph, mc Atlanta Southern 88, cb Montgomery 89, Selma.
Ward, Edward Burton, mc univ New York 82, cb Hale 82, Selma.
Weisinger, John Alexander, mc univ Louisiana 75, cb 78, Talmage, Perry county.
Total, 27.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Alison, Joseph D., mc South Carolina 50, cb 78, Carlowville.
Boykin, James Owen, mc univ Transylvania 43, cb 78, Tilden.
Burrell, Lincoln Laconia, col'd, mc Leonard, North Carolina 89, cb 89, Selma.
Graddick, John North, mc Memphis 47, Selma.
Hall, John James, mc univ Louisiana 67, cb 78, Mitchell's.
Hardy, William Robinson, mc South Carolina 61, cb 78, Pleasant Hill.
Hudson, Henry Sidney, mc univ Maryland 69, cb 78, Summerfield.
Kyser, George Washington, mc univ Virginia 65, cb 78, Richmond.

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Lockwood, Francis Octavius, mc North Carolina 44, cb 78, Carlowville.
McKinnon, Kenneth, mc univ Louisville 52, cb 78, Pleasant Hill.
Mixon, William S., mc univ Louisiana 49, cb 78, Plantersville.
Moore, Clement Clay, mc South Carolina 39, cb 78, Summerfield.
Moseley, Elijah Bucklee, mc univ Louisiana 57, cb —, Orrville.
Pugh, Braxton Bragg, mc Alabama 89, cb Clarke 89, Brown's.
Smyley, Daniel C., mc South Carolina 38, cb 78, Pleasant Hill.
Stewart, William Champney, mc South Carolina 58, cb 78, Soap Stone.
Sutton, Robert Lee, mc univ Washington 89, cb Lee —, Orrville.
Wauchope, S. A., Selma.

Total, 18.

Moved into the county—John Quincy Dansby, from Rehoboth, Wilcox county, to Selma; John James Hunter, from Ironaton, Talladega county, to Selma; James R. Garber, from Colorado to Selma; John William Pratt, from Montgomery county to Burnesville; S. A. Wauchope, from Tallahassee, Florida, to Selma.

Moved out of the county—John Hancock Williamson, from Richmond to North Carolina.

Examinations—For the practice of medicine, William Wade Harper, mc univ Tulane 91; John Thomas Moore, mc Alabama 91. Certificates awarded.

To begin the study of medicine—Robert P. Chisholm, Dallas county. Certificate awarded.

Deaths—Jett Thomas West, M. D., mc univ Virginia 63, cb 78, Selma, of hepatic dropsy.

DeKALB COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, Frederick P. Gale; Vice-President, James T. Miller; Secretary, Thomas H. Appleton; Treasurer, Horace P. McWhorter; Health Officer, Horace P. McWhorter. Censors—William E. Quinn, Frederick P. Gale, Horace P. McWhorter, Edward P. Nicholson, Thomas F. Weaver.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Appleton, Thomas Hayne, mc Chattanooga 92, cb 92, Collinsville.
Elrod, William Adison, non-graduate, cb 85, South Hill.
Gale, Frederick Penniman, mc univ Vermont 80, cb 90, Ft. Payne.
Isbell, James Richardson, non-graduate, cb 89, Lot.
Killian, Henry Elliott, non-graduate, cb 89, Portersville.
McGehee, Joseph Dalton, mc univ U. S. Grant Chattanooga 92, cb 92, Leesburg.
Moore, William Evans, mc Atlanta 80, cb Shelby 80, Lebanon.
McWhorter, Horace Puckett, mc univ Vanderbilt 81, cb 85, Collinsville.

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Miller, James Taylor, mc univ Vanderbilt 78, cb 85, Collinsville.
Nicholson, Edward Pierson, mc Nashville 61, cb 85, Valley Head.
Quin, William Everett, s of m Kentucky 81, cb 85, Ft. Payne.
Smith, Samuel Parish, s of m Kentucky 89, cb 89, Sand Mountain.
Vann, Andrew Jackson, mc Georgia 58, cb 85, Portersville.
Weaver, Thomas Fletcher, mc univ Nashville 71, cb 85, Collinsville.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bailey, Alexander Henry, non-graduate, cb 85, Musgrove.
Berry, William Fletcher, Ft. Payne.
Blalock, N. W., Ft. Payne.
Cain, Richard Wynn, mc univ Nashville 59, cb 85, Sand Mountain.
Duff, William Samuel, mc Alabama 89, cb 90, Ft. Payne.
Green, Anthony Buel, mc univ Transylvania 46, cb 85, Ft. Payne.
Green, Philamon Buel, mc univ Vanderbilt 76, cb 85, Ft. Payne.
Green, William Martin, mc univ Vanderbilt 77, cb 85, Ft. Payne.
McGuffey, William Charles, non-graduate, cb 85, Sulphur Springs.
Patty, Robert James, Vitapathist, cb 89, Dawson.
Roden, William, non-graduate, cb 85, Sand Mountain.
Sherman, James Richard, mc Georgia Reform 89, cb Marshall 89, Sand Mountain.
Sibert, James Dolphus, non-graduate, cb 89, Grove Oak.
Winston, John Nelson, mc univ Louisville 66, cb 85, Valley Head.
Wooten, William James, non-graduate, cb 89, Musgrove.
Wright, William James, mc univ Vanderbilt 90, cb 91, Skirum.
Total, 15.

Moved into the county—William Fletcher Berry, from Michigan to Ft. Payne; N. W. Blalock, from Tennessee to Ft. Payne; James E. Howard, from Tennessee to Henagar; Joseph Dalton McGehee, from Tennessee to Leesburgh; William W. Steele, from Montgomery county, Indiana, to Ft. Payne.

Moved out of the county—Richard Phillips Allyn, from Ft. Payne to Mississippi; Green Thomas Bruce to Cherokee county; Francis Vaughan Fowlkes to Virginia; Albert Larke Holliday, from Sand Mountain to Texas; James Robert Johnson, from Lebanon to Kerby's Creek, Jackson county; George Drake Weston, from Ft. Payne to Massachusetts.

Examinations—For the practice of medicine, Thomas Hayne Appleton, mc univ U. S. Grant Chattanooga 92, cb 92, Collinsville; Joseph Dalton McGehee, mc univ U. S. Grant Chattanooga 92, cb 92, Leesburg; William James Wright, mc univ Vanderbilt 90, cb 91, Skirum. Certificates awarded.

Deaths—Abbott Milton McWhorter, M. D., Gaylesville, junior counsellor of 87, mc Atlanta 57, cb Cherokee 86, of inflammation of the liver.

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ELMORE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, William A. Huddleston; Vice-President, James T. Rushin Secretary, James A. Howle; Treasurer, William A. Warren; Health Officer, Oscar S. Justice. Censors—James T. Rushin, George B. Judkins, William A. Huddleston, Oscar S. Justice, William A. Warren.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Fitzpatrick, Phillip, mc univ Louisiana 53, cb 84, Wetumpka.
Howe, Robert Daniel, mc univ Tennessee 90, cb Walker 91, Elmore.
Howle, James Augustus, mc Alabama 90, cb 90, Jordan.
Huddleston, William Allen, mc Atlanta 80, cb 84, Wetumpka.
Humphries, Samuel Osceola, mc Jefferson 85, cb 85, Wetumpka.
Jowers, Solomon Franklin, mc Atlanta 84, cb 84, Central Institute.
Judkins, George Bernard, mc Jefferson 59, cb Macon 79, Wetumpka.
Justice, Oscar Suttle, mc Alabama 85, cb 85, Central Institute.
Lamar, James Isaac, mc Georgia 52, cb 84, Deatsville.
Nix, James Ringold, mc South Carolina 67, cb 84, Deatsville.
Norton, William Abner, mc Alabama 88, cb 88, Eclectic.
Powell, Robert Emmet, mc Graffenburg —, cb 84, Tallassee.
Robinson, Elias Hunt, mc univ Pennsylvania 52, cb 84, Robinson Springs.
Rushin, James Knox, mc univ New York 55, cb 84, Tallassee.
Rushin, James Thomas, mc univ Tennessee 83, cb 84, Tallassee.
Sewell, Jabez Wesley, mc Alabama 90, cb 90, Sykes Mill.
Sewell, Neil B., mc univ Vanderbilt 86, cb 84, Buyck.
Warren, William Albert, mc Alabama 85, cb 84, Wetumpka.
Total, 18.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beckett, Thomas Francis, mc univ Louisiana 56, cb 84, Titus.
Campbell, Archibald Graham, cb 84, Tallassee.
Fielder, Martin Lucius, mc Ohio 56, cb 84, Eclectic.
Hall, Thomas Dixon, mc univ Pennsylvania 56, cb 84, Coosada.
Lett, Harris Templeton, mc univ Louisiana 75, cb 84, Good Hope.
Warren, Allen Love, mc Jefferson 59, cb 84, Kowaliga.
Total, 6.

Moved into the county—Robert D. Howe, from Walker county to Elmore; Samuel O. Humphries, from Nixburg, Coosa county, to Wetumpka.

Moved out of the county—Robert L. Huddleston, from Wetumpka to Wadsworth, Autauga county; Daniel S. Patterson, from Central Institute to Montgomery.

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Examinations—For the practice of medicine, John Buckhalter, mc univ Vanderbilt; A. A. Powell, mc Atlanta. Certificates awarded.

ESCAMBIA COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, John E. Martin; Vice-President, Stephen C. Henderson; Secretary, Edwin T. Parker; Treasurer, Edwin T. Parker; Health Officer, James L. Bass. Censors, Stephen C. Henderson, Henry H. Malone, John E. Martin, George P. Henry, Edwin T. Parker.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bass, James Loraine, mc univ Louisville 87, cb 89, Brewton.
Douglass, S. William, cb 87, Mason.
Henderson, Stephen Cary, mc Alabama 87, cb 87, Brewton.
Henry, George Patrick, mc univ Nashville 70, cb 89, Wallace.
Hundley, Asbury Clarke, mc univ Tulane —, cb 86, Milton, Fla.
Malone, Henry Holcombe, mc univ New York 60, cb 86, Brewton.
Martin, John Elijah, mc Alabama 75, cb Bullock 79, Brewton.
McAdory, William Robert, mc Alabama 79, cb 87, Pollard.
Parker, Edwin Theodore, mc univ Tulane 91, cb 91, Brewton.
Thompson, Walter Robert, mc univ Louisville 91, cb 91, Brewton.
Trammell, Joseph D., mc univ Nashville 57, cb Baldwin 89, Williams'.
Wilkinson, James Anthony, mc univ Louisville 79, cb 86, Flomaton.
Total, 12.

Moved into the county—Joseph D. Trammell, from Tensaw, Baldwin county, to Williams.

Examinations—For the practice of medicine, Edwin T. Parker, mc univ Tulane, New Orleans, 91, cb 91, Brewton; Walter R. Thompson, mc univ Louisville 91, cb 91, Brewton. Certificates awarded.

ETOWAH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, John P. Stewart; Vice-President, Edward S. Jones; Secretary, Robert F. McConnell; Treasurer, William L. Funderburg; Health Officer, Daniel H. Baker. Censors—Erasmus T. Camp, James H. Wood, Hiram M. Bloodsworth.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baker, Daniel Harris, mc univ Nashville 82 cb Macon 83, Gadsden.
Bloodsworth, Hiram Munroe, mc Atlanta 58, cb Chambers 82, Gadsden.
Camp, Erasmus Taylor, mc Alabama 85, cb Cleburne 85, Gadsden.
Duncan, John Harvey, mc univ Nashville 86, cb Pickens 86, Attalla.
Edwards, William Sterling, s of m Kentucky 85, cb 85, Gadsden.

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Ellison, John Henry, mc univ Vanderbilt 88, cb Blount 89, Walnut Grove.
Funderburg, William Lewis, mc Atlanta Southern 82, cb DeKalb 86, Gadsden.
Jones, Edward Sphear, mc Alabama 83, cb Jefferson 83, Gadsden.
Lawrence, J. W. D., mc univ Nashville 86, cb Cherokee 87, Turkeytown.
McConnell, Robert Franklin, mc Atlanta Southern 81, cb St. Clair 81, Attalla.
Stewart, John Pope, mc Alabama 86, cb 86, Attalla.
Wood, James Hudson, mc univ Vanderbilt 82, cb 82, Attalla.
Total, 12.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Robert Bailey, mc Atlanta Southern 88, cb 88, Walnut Grove.
Bevans, Edward Gaudy, mc Alabama cb 78, Gadsden.
Bevans, Joseph, cb 78, Gadsden.
Coggins, William Thomas, cb 87, Keener.
Dowdy, Edgar Lee, mc univ Vanderbilt 76, cb 78, Keener.
Dozier, Marshall Elias, mc Atlanta 61, cb 78, Attalla.
Fields, James Guthrie, cb 77, Gadsden.
Gilliland, Henry Forney, mc univ Louisville 90, cb 90, Hill.
Jack, Walter Early, mc univ Vanderbilt 89, cb 89, Rock Springs.
Johnson, James Knox, mc univ Vandervilt 84, cb 86, Seaborn.
Landers, Franklin Pierce, mc Atlanta 76, cb 84, Hoke's Bluff.
Liddell, John Benson, mc Atlanta 82, cb 82, Gadsden.
Morgan, George Washington mc univ Vanderbilt 89, cb 89, Keener.
Riddle, Alexander Sliding, mc Atlanta Southern cb Etowahton.
Sampler, Robert James, cb 84, Gadsden.
Slack, John Calhoun, mc Univ Louisville 73, cb 78, Gadsden.
Slaughter, Charles Jefferson, cb 81, Aurora.
Wright, Milton Roil, mc Alabama 73, cb 78, Gadsden.
Total, 18.

Moved into the bounty—John Harvey Duncan, from Fayette C. H., to Attalla; James Guthrie Fields, from Calera, Shelby county, to Gadsden; Charles Jefferson Slaughter, from Boaz, Marshall county, to Aurora.

Moved out of the county—Andrew Buchanan Small, to parts unknown; Barna Pitt Ivey, from Gadsden to Montgomery; Pollard Madison Burns Pollard, to Mississippi; John P. Ralls, from Gadsden to Attalla

Examinations—For the practice of medicine, Madison Burns Pollard. Certificate awarded. Henry Forney Gilliland, mc univ Louisville 90, Hill; Alexander Sliding Riddle, mc Atlanta 80. Certificates refused.

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Died—William Thomas Ewing, M. D., mc St. Louis 49, cb 78, Gadsden, of chronic diarrhœa.

FAYETTE COUNTY MEDICAL SOCIETY—Selma, 1884.

OFFICERS.

President, Alexander W. Agnew; Vice-President, Jonathan S. Hollis; Secretary, Thomas C. Morton; Treasurer, John G. Smith; Health Officer, Thomas M. Peters. Censors—Jonathan S. Hollis, Alexander W. Agnew, Thomas C. Morton, Thomas M. Peters, T. B. Wood.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, Alexander Washington, mc univ Transylvania 44, cb 84, Fayette Court House.
Collins, Alonzo Kennedy, mc univ Louisville 90, cb 90, Pilgrim.
Hollis, Jonathan Shelton, mc Alabama 84, cb 84, Brockton.
Jones, William Wilber, old law 68, cb 84, Newtonville.
Morton, Thomas Clark, mc univ U. S. Grant Chattanooga 91, cb 84, Fayette Court House.
Peters, Thomas Marion, mc Alabama 90, cb 90, Fayette Court House.
Seay, Mark Rollins, cb Lamar 83, Berry.
Smith, John Gardner, mc Alabama 89, cb 90, Bankston.
Woods, Thomas Bailey, mc univ Vanderbilt 88, cb 89, Wayside.
Total, 9.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Hocutt, Lucius Henry, mc Georgia 58, cb —, Davis Creek.
Lane, Jesse Washington, mc univ Louisville 86, cb 86, New River.
Linn, Jesse Washington, mc Georgia 58, cb 88, Spencer.
Newton, Alexander Kilby, mc Georgia Southern 83, cb 84, Berry Station.
Wright, Alexander W., mc univ New York 86, cb 88, Cave Spring.
Total, 5.

Moved into the county—Lucius H. Hocutt.

Moved out of the county—John Harvey Duncan, from Fayette C. H., to Attalla, Etowah county; W. R. Griffin, to Tuscaloosa county.

Examinations—For the practice of medicine, William R. Griffin. Certificate awarded.

FRANKLIN COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, John M. Clarke; Vice-President, William W. White; Secretary, John K. Clarke, Jr.; Treasurer, —— ——; Health Officer, Louis W. Desprez. Censors—Charles P. Banks, John M. Clarke, William W. Cleere, Oscar Sargent, Thomas B. Barnes.

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NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Banks, Charles Peters, mc univ Nashville 55, cb 88, Newberg.
Barnes, Thomas Benton, mc Bellevue 86, cb 87, Burleston.
Clarke, John King, Sr., mc univ Nashville 56, cb 88, Russellville.
Clarke, John King, Jr., mc univ Vanderbilt 81, cb 81, Newberg.
Clarke, John Marshall, mc univ Louisville —, cb 88, Russellville.
Cleere, William Watkins, mc univ Vanderbilt 82, cb 88, Bel Green.
Desprez, Louis Willoughby, mc Alabama 77, cb 78, Russellville.
Gill, Charles, cb 88, Newberg.
Johnson, Thomas P., cb Marion 88, Frankfort.
Jones, Thomas Speck, cb 88, Russellville.
Pike, James Hock, cb 88, Burleson.
Sargent, Oscar, mc univ Vanderbilt 81, cb 88, Isbell.
Underwood, Nimrod T., mc Alabama 88, cb 90, Russellville.
White, Robert Josiah, cb 88, Burleson.
White, William Wyatt, cb Marion 88, Newberg.
Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Agee, William A., non-graduate, Russellville.
Burroughs, ——, Bel Green.
Farned, Abner, non-graduate, Bel Green.
Hand, John William, non-graduate, Russellville.
Hollinger, John Calhoun, mc phy and surg Baltimore 82, cb 91, Russellville.
Neighbors, William N., non-graduate, Spruce Pine.
Sevier, Daniel P., cb 88, Russellville.
Waldress, Allen C., non-graduate, Bel Green.
Total, 8.

Moved into the county—William N. Neighbors, Spruce Pine.

Moved out of the county—McDaniel, from Bel Green to Texas.

GENEVA COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, Millard F. Fleming; Vice-President, Benjamin W. Finney; Secretary, Sidney F. Latimer; Treasurer, Sidney F. Latimer; Health Officer, —— ———. Censors—Millard F. Fleming, Charles W. Williams, Benjamin W. Finney.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ard, James Henry, cb 88, Geneva.
Bolling, William, cb 88, Martha.
Bullock, John D., cb 88, Coffee Springs.
Chapman, A. R., cb 88, Geneva.

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Clements, John N., cb Greene —, Elton.
Coleman, William C., mc Alabama 92, cb 92, Eunola.
Cox, William, cb 88, Dundee.
Dalton, C. C., cb 88, Sanders.
Finney, Benjamin W., mc univ New York 54, cb 88, Coffee Springs.
Fleming, Millard Filmore, cb 88, Sanders.
Jernigan, A. B., cb 88, Dundee.
Latimer, Sidney E., cb 88, Geneva.
Mathews, Sames A., cb 88, Dundee.
Powell, James B., cb 88, Dundee.
Rice, Richard, Wicksburg, Dale county.
Sheets, Joseph V., cb 88, Dundee.
Smith, ——, Sanders.
Treadwell, Hardy P., cb 88, Geneva.
Truesdale, J. S., cb 88, Marl.
Ward, Thomas Jefferson, cb 88, Watford.
Total, 20.

GREENE COUNTY MEDICAL SOCIETY—Selma, 1878.

OFFICERS.

President, Augustus M. Duncan; Vice-President, George A. Moore; Secretary, William R. Hatton; Treasurer, William R. Hatton; Health Officer, Thomas W. Pierce. Censors—Augustus M. Duncan, Dabney Oswell McGehee, Armand P. Smith, Samuel S. Murphy, Thomas W. Pierce.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barclay, James Paxton, mc univ New York 71, cb 79, Eutaw.
Duncan, Augustus Meek, mc Alabama 74, cb 79, West Greene.
Hatton, William Reuben, mc univ Tulane 89, cb 89, Boligee.
LeGare, Henry, mc univ New York 86, cb 87, Forkland.
McGehee, Dabney Oswell, mc Alabama 72, cb 79, Knoxville.
Moore, George Augustus, mc Alabama 90, mc 91, Clinton.
Murphy, Samuel Silenus, mc Alabama 81, cb 84, Pleasant Ridge.
Pierce, Thomas William, mc univ Virginia 57, cb 79 Knoxville.
Smith, Armand Pfister, mc Kentucky 75, cb 79, Knoxville.
Snoddy, Virgil, mc Alabama 73, cb 79. Mantua.
Webb, Henry Young, mc Alabama 73, cb 79, Eutaw.
Total, 11.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Byrd, Alexander Hamilton, mc univ New York 69, cb 80, Eutaw.
Hennagen, Davis, mc Alabama 91, Burton's Hill.
Morgan, Isaac DuBose, mc univ Pennsylvania 58, cb 79, Eutaw.
Pearson, Edward Pallen, mc univ Louisville 73, cb 84, Burton's Hill.

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Purnell, James Knox, cb Pickens 88, Lewiston.
Smith, John Alexander, mc Atlanta 58, cb 79, Union.
Snoddy, LeVert, mc Alabama 92, cb 92, Forkland.
Snoddy, Samuel, mc univ Transylvania 31, cb 79, Mantua.
White, John McElroy, mc univ Vanderbilt 73, cb 82, Pleasant Ridge.
Total, 9.

Moved out of the county—Robert Taylor Byrd, from Boligee to Mississippi; Samuel R. Cooke to Texas.

Examinations—For the practice of medicine, George A. Moore, mc Alabama 90, cb 91, Clinton; Samuel R. Cooke, M. R. Patton. Certificates awarded.

HALE COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, Francis M. Peterson; Vice-President, Jacob Huggins; Secretary, Richard Inge; Treasurer, Richard Inge; Health Officer, Jacob Huggins. Censors—Francis M. Peterson, Elisha Young, Jacob Huggins, Thomas R. Ward, Richard Inge.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Avery, William Cushman, mc univ Pennsylvania 57, cb 78, Greensboro.
Borden, James Pennington, mc univ Southern 73, cb 78, Greensboro.
Dugger, Reuben Henry, mc univ Pennsylvania 58, cb 78, Gallion.
Gewin, William Christopher, mc univ Louisiana 78, cb 78, Akron.
Griffin, Rufus Jackson, mc Alabama 90, cb 90, Carthage.
Huggins, Jacob, mc univ Pennsylvania 60, cb 78 Newbern.
Inge, Richard, mc univ Virginia 70, mc univ New York 71, cb 78, Greensboro.
Owens, Richard Harrison, mc univ Nashville 80, cb 81, Havana.
Peterson, Francis Marion, mc univ New York 68, cb 78, Greensboro.
Pickett, Joseph Martin, mc Alabama 74, cb 78, Cedarville.
Tidmore, James Adams, mc univ Kansas City 84, cb 89, Havana.
Ward, Thomas Robert, mc univ South Carolina 53, cb 78, Greensboro.
Young, Elisha, mc Jefferson 59, cb 78, Greensboro.
Total, 13.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Thomas Jefferson, mc univ Pennsylvania 52, cb 78, Evansville.
Browder, Joseph D., mc Jefferson 57, cb 78, Gallion.
Browder, William Monroe, mc univ New York 88, cb 88, Gallion.
Cross, William Cyprian, mc univ Vanderbilt 80, cb 81, Newbern.
Davis, Andrew R., mc Georgia 90, cb 90, Five Mile.

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Turk, William Luther, mc univ Nashville 82, cb Sumter 83, Gallion.
Wilburn, John Calhoun, mc Jefferson 78, cb 78, Carthage.
Wilson, Samuel B., non-graduate.
Total, 8.

Moved into the county—William Cyprian Cross, mc univ of Vanderbilt 80, cb 81, from Blocton, Bibb county, to Newbern.

Deaths—William McNeil Wedgeworth, M. D., mc phy and surg Baltimore 84, cb Sumter 85, Newbern.

HENRY COUNTY MEDICAL SOCIETY—Birmingham, 1883.

OFFICERS.

President, Fleming J. Moody; Vice-President, William J. Lee; Secretary, Bernard Phillips; Treasurer, John R. G. Howell; Health Officer, Bernard Phillips. Censors—Fleming J. Moody, William J. Lee, John H. Stovall, George Abner Hammond, John W. Payne.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allred, Idus Park, mc Atlanta 84, cb Pike 84, Dothen.
Crawford, John Peter, mc univ Louisville 51, cb 83, Columbia.
Darby, John Isaac, mc univ Louisville 82, cb 85, Columbia.
Dowling, Oscar, mc univ Vanderbilt 88, cb 88, Columbia.
Hammond, George Abner, mc univ Maryland 84, cb 84, Dothen.
Hardwick, William Pleasant, mc Alabama 87, cb 86, Headland.
Howell, John Robert Graves, mc Atlanta 90, cb Dale 88, Dothen.
Lee, William Joseph, mc univ Louisiana 60, cb 83, Abbeville.
Moody, Fleming Isaac, mc phy and surg Baltimore 76, cb 83, Dothen.
Oates, Wyatt Stephen, cb 91, Headland.
Payne, John Walter, mc Alabama 86, cb 87, Dothen.
Phillips, Bernard, mc univ Hiedleburg, Germany, 74, cb 91, Dothen.
Stovall, John Henry, mc Atlanta 60, cb 89, Columbia.
Vaughn, David Horatio, mc Atlanta 88, cb 89, Gordon.
Williams, William Henry, mc Memphis Hospital 89, cb 91, Headland.
Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Barnes, Philon Banks, Ashford.
Blackledge, John Richard, mc Alabama 89, cb 89, Abbeville.
Flemming, Lawrenceville.
Fowler, John Lindsey, mc South Carolina 51, cb 88, Shortersville.
Granger, John Wesley, mc Georgia Reform 59, cb 85, Granger.
Hill, Amon S., mc Atlanta 90, cb 91, Granger.
Lewis, James Langston, mc Atlanta 84, cb 85, Bush.
Long, James Benjamin, mc univ Louisville 81, cb 83, Abbeville.
Stapleton, Richard B., mc univ Louisville —, cb 91, Cowarts.

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Yarbrough, J. S., cb 92, Ashford.
Weems, M. S., Lawrenceville.
Total, 11.

Moved into the county—William Jefferson Smisson, from Newton, Dale county, to Dothen; William H. Williams to Headland.

Moved out of the county—William S. Brown, from —— to Georgia.

Deaths—George Washington Brooks, M. D., mc Atlanta 58, cb 89; John Thomas Fowler, M. D.

JACKSON COUNTY MEDICAL SOCIETY—Mobile, 1882.

OFFICERS.

President, William C. Maples; Vice-President, James R. Tarrant; Secretary, Andrew Boyd; Treasurer, William C. Maples; Health Officer, George T. Hayes. Censors—William C. Maples, Andrew Boyd, James R. Tarrant, George T. Hayes, Eugene R. Smith.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blackmore, Alexander N., mc univ Tennessee 80, cb 82, Dodsonville.
Boyd, Andrew, mc phy and surg Baltimore 88, cb 88, Scottsboro.
Boyd, James Harvey, mc univ Nashville 60, cb 82, Larkinsville.
Foster, George Whitfield, mc univ Nashville 82, cb 82, Stevenson.
Hadden, William David, mc univ Vanderbilt 82, cb 82, Narrow's.
Haralson, Jefferson Bennett, mc univ Vanderbilt 88, cb Marshall 88, Langston.
Hayes, George Thomas, mc Alabama 87, cb DeKalb 87, Woodville.
Knowlton, John Wesley, mc univ Vanderbilt 83, cb 83, Paint Rock.
Maples, William Caswell mc univ Nashville 81, cb Madison 82, Scottsboro.
McAfee, Green Pryor, mc univ Vanderbilt cb Shelby 82, Line Rock.
Rorex, James Polk, mc Alabama 75, cb 82, Scottsboro.
Smith, Eugene Robinett, mc univ Vanderbilt 85, cb 89, Fern Cliff.
Tarrant, James Richard, mc univ Vanderbilt 87, cb 87, Fackler.
Zurmerbly, Samuel Lutz, mc Miami (Ohio) 90, cb 90. Bridgeport.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adkins, Charles William, mc univ Louisville 68, cb 84, Langston.
Allen, James Beckerell, mc univ Tennessee 87, cb 87, Stevenson.
Allen, William Henry, mc univ Louisville 67, cb 84, Langston.
Arnold, T. M., Illegal, Pisgah.
Clarke, John Fletcher, ———, cb 82, Garth.
Derrick, LaFayette, cb 82, Woodville.
Dicus, James Madison, mc Alabama 86, cb 86, Scottsboro.

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Gaddis, Henry Franklin cb 82, Trenton.
Graham, Michæl, cb 82, Stevenson.
Grant, Felix Robertson, cb 82, Larkins Fork.
Howard, Illegal, Hennegan.
James, William, mc univ Vanderbilt 82, cb 90, Widows.
Lee, Elisha Lightfoot, mc univ Vanderbilt 73, cb 82, Bridgeport.
Mason, William, mc univ Transylvania 46, cb 82, Fabius.
McCord, Joseph Harvey, cb 82, Belle Fonte.
Robertson, James Osgood, cb 84, Garth.
Smith, Barton Brown, mc univ Nashville 67, cb 82, Larkinsville.
Smith, William Barton, cb 68, Line Rock.
Spiller, Willam Kingston, mc univ Louisville 74, cb 84, Bridgeport.
Womack, Wiley Coker, cb 83, Larkinsville.
Total, 20.

Moved into the county—Thomas W. Arnold from Georgia to Pisgah, James Robert Johnson, from Lebanon, DeKalb county to Kirby's Creek.

Moved out of the county—Joseph Mitchell Brown from Trenton to Texas.

John D. Freeman from Bridgeport to Denison, Texas; John Jackson Horton from Stevenson to Winchester, Tennessee.

Dr. James Henry Gunter, from Bridgeport to parts unknown.

Retired from practice, Dr. J. M. Parks, of Scottsboro.

JEFFERSON COUNTY MEDICAL SOCIETY—Birmiugham, 1877.

OFFICERS.

President, Thomas D. Parke; Vice-President, Capers C. Jones; Secretary, Samuel L. Ledbetter; Treasurer, William D. Cooper; Health Officer, Henry N. Rosser. Censors—Edward H. Sholl, Thaddeus L. Robertson, Hardin P. Cochrane, Benjamin L. Wyman, George S. Brown.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Abernethy, Jones Cadwalader, mc univ Louisiana 59, cb Marengo 78, Birmingham.
Armstrong, John McLay, mc Jefferson 65, cb 87, Adger.
Barclay, John Wyeth mc Jefferson 69, cb Madison 78, Birmingham.
Barnett, Nathaniel Aldridge, mc univ Vanderbilt 86, cb Lawrence 86, East Lake.
Berry, Robert Alford, mc univ Virginia 82, cb 85, Oxmoor.
Brown, George Summers, mc Jefferson 85, cb 87, Birmingham.
Burke, Adalbert Bela, mc Vienna, Austria 87, cb 91, Birmingham.
Caffee, Samuel Richmond, mc Miami, Ohio 81, cb Tuscaloosa 81, Birmingham.
Carson, Shelby Chadwick, mc univ Tulane 74, cb Greene 79, Bessemer.

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Chapman, John Thomas, mc Alabama 86, cb Marengo 87, Bessemer.
Cochrane, Hardin Perkins, mc univ New York 74, cb Tuscaloosa 82, Birmingham.
Coleman, Ruffin, mc univ Nashville 69, cb Limestone 78, Birmingham.
Cooper, William Dudley, mc Jefferson 69, cb Lee 82, Birmingham.
Copeland, Benjamin Grigsby, mc Jefferson 83, cb Livingston 83, Birmingham.
Cotton, Robert, mc univ Louisiana 67, cb 86, Birmingham.
Coulbourne, John Thomas, mc univ Maryland 85 state board 86, Birmingham.
Cunningham, Russel McWhorter, mc univ Baltimore 78, cb 83, Pratt Mines.
Davis, John Daniel Sinkler, mc Georgia 79, cb St. Clair 79, Birmingham.
Douglass, Albert Gallatin, mc univ Vanderbilt 81, cb 81, Birmingham.
Dozier, John Calhoun, mc univ Nashville 58, cb Perry 79, Birmingham.
Drennen, Charles, mc Alabama 72, cb Blount 78, Birmingham.
Due, Malvern Nicholas, mc phy and surg New York 89, cb Montgomery 89, Birmingham.
Finch, James Henry, mc univ Baltimore 86, cb 87, East Lake.
Forster, William Condie, mc univ Louisiana 82, cb Choctaw 84, Birmingham.
Gamble, William Wesley, s of m Kentucky 87, cb 87, East Lake.
Gibson, Jefferson Davis, mc Alabama 87, cb Tuscaloosa 87, Birmingham.
Gillespie, John Sharpe, mc Miami, Ohio 83, cb 83, Birmingham.
Griggs, John Gardner, mc univ Pennsylvania 63, cb Macon 86, Birmingham.
Heflin, Wyatt, mc Jefferson 84, cb Randolph 85, Birmingham.
Henley, Albert Thomas, mc univ New York 69, cb Hale 77, Birmingham.
Huey, John Frederick, mc phy and surg Baltimore 87, cb 87, Birmingham.
Jernigan, Charles Henry, mc Jefferson 84, cb Bullock 80, Birmingham.
Johnston, William Henry, mc univ New York 67, cb Dallas 78, Birmingham.
Jolly, Arnold, mc Alabama 85, cb Marengo 85, Birmingham.
Jones, Capers Capehart, mc univ Pennsylvania 70, cb Wilcox 79, Birmingham.
Jones, Devotie Davis, mc univ Pennsylvania 70, cb Lowndes 79, Woodlawn.
Kendrick, Joel Beder, mc Alabama 82, cb Butler 82, Birmingham.
Killen, William Jasper, mc Bellevue 90, cb Montgomery 90, Birmingham.
Killough, James Monroe, s of m Kentucky 87, cb 87, Birmingham.
Klebs, Thomas Alexander, mc univ Tulane 87, cb 87, Birmingham.

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Lacy, Edward Parish, mc univ Vanderbilt 83, cb Shelby 83, Bessemer.
Ledbetter, Samuel Leonidas, mc univ Louisville 79, cb 79, Birmingham.
Lewis, James Marshall, mc univ Vanderbilt 87, cb 88, Birmingham.
Luckie, James Buchner, mc univ Pennsylvania 55, cb 77, Birmingham.
Macy, Robert Charles, mc Alabama 87, cb Mobile 87, Birmingham.
Martin, James Phillips, mc Baltimore 83, cb Barbour 84, Birmingham.
McCarty, James Henry, mc Atlanta 80, cb 83, Birmingham.
Morris, Edward Watts, mc univ Virginia 85, cb 87, Birmingham.
Page, John Randolph. mc Jefferson 86, cb Shelby 86, Hillman.
Parke, Thomas Duke, mc univ New York 79, cb Dallas 84, Birmingham.
Payne, Francis Marion, mc Jefferson 86, cb Shelby 86, Hillman.
Prince, Francis Marion, mc Jefferson 49, cb 78, Bessemer.
Ramsey, Robert Neal, mc univ Pennsylvania 79, cb 90, Thomas.
Ransom, William Walter, mc univ Vanderbilt 88, cb 88, Birmingham.
Riggs, Edward Powell, mc phy and surg Baltimore 81, cb Dallas 81, Birmingham.
Robertson, Thaddeus Lindley, mc Jefferson 61, cb Calhoun 81, Birmingham.
Robinson, Elisha Milton, mc univ Louisiana 85, cb Blount 86, Birmingham.
Robinson, Thomas Franklin, mc univ Vanderbilt 81, cb 84, Birmingham.
Rogers, McCarty, mc Alabama 79, cb Conecuh 89, North Birmingham.
Rosser, Henry Nollner, mc Atlanta 69, cb Dallas 89, Birmingham.
Sears, John William, mc univ Pennsylvania 50, cb 78, Birmingham.
Sewell, John Banks, mc univ Vanderbilt 86, cb Morgan 86, Ensley.
Sexton, Charles Richard, mc univ Louisiana 75, cb Tuscaloosa 78, Birmingham.
Sholl, Edward Henry, mc univ Pennsylvania 56, cb Sumter 78, Birmingham.
Webb, Robert Dickens, mc univ Virginia 50, cb Sumter 78, Birmingham.
Whaley, Lewis, mc Atlanta 73, cb Blount 79, Birmingham.
Whelan, Charles, mc univ Louisiana 66, cb Hale 78, Birmingham.
Wilder, William Hinton, mc univ New York 91, cb 91, Birmingham.
Wilson, Cunningham, mc univ Pennsylvania 84, cb 84, Birmingham.
Woodson, Lewis Griffin, mc univ Maryland 86, cb 88, Birmingham.
Wyman, Benjamin Leon, mc univ Virginia 78, mc univ New York 79, cb Tuscaloosa 82, Birmingham.

Total, 71.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abercrombie, John Pattison, mc Alabama 80, cb 82, Cedar Grove.
Acton, Samuel Watson, mc Alabama 60, cb Marengo 78, Trussville.

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Acton, William Henser, mc univ Vanderbilt 88, cb Lauderdale 88, Henry Ellen.
Alexander, Howard Augustus, s of m Kentucky 75, cb Marengo 78, Birmingham.
Baird, William James, mc univ Maryland 82, cb 88, Birmingham.
Ball, John Calhoun, mc Atlanta 59, cb Calhoun 87, Avondale.
Ballard, Asa Nathaniel, mc Pulte 76, cb DeKalb 86, Birmingham.
Bevans, John Madison, mc univ Louisiana 72, cb Marion 72, Warrior.
Black, W. S., ———, Bessemer.
Brewster, Andrew Jackson, mc Alabama 80, Birmingham.
Brown, Arthur McKimmon, mc Ann Harbor 91, cb 91, Bessemer.
Brown, George Washington, mc Atlanta 77, cb 78, Pratt Mines.
Brown, James Anderson, mc univ Vanderbilt 71, cb Conecuh 87, Ensley.
Brown, Thomas Jefferson, mc univ Vanderbilt 85, cb 85, Pratt Mines.
Carter, James Watkins, cb Sumter 71, Bessemer.
Chapman, George Clarence, mc univ Vanderbilt 90, cb Monroe 90, Bessemer.
Clapp, William Wesley, mc Cleveland 90, cb DeKalb 90, Birmingham.
Clayton, Benjamin Lawrence, mc univ Vanderbilt 82, cb St. Clair 83, Ayers.
Coleman, John William, old law 68, Birmingham.
Collins, Milton Comer, mc univ Tennessee 84, cb Blount 84, Birmingham.
Cook, William Alexander, mc univ Louisiana —, cb Marengo, 80, Birmingham.
Cross, Samuel Mardis, mc Georgia 60, cb 78, Woodlawn.
Cross, Thomas Winston, mc univ Nashville 87, cb 87, Warrior.
Crow, Phillip Patterson, mc univ Nashville 77, cb St. Clair 77, Coalburg.
Dabney, John Davis, mc univ Washington, Baltimore 72, cb 90, Birmingham.
Davidson, James, mc Alabama 87, cb 87, Birmingham.
Downey, John Wesley, mc Jefferson 57, cb 87, Avondale.
Dozier, Oliver Thomas, mc Atlanta 74, cb —, Birmingham.
Drennen, Charles Travis, mc Rush 85, cb Cullman 85, Birmingham.
Dryer, Thomas Edmund, mc Atlanta 85, cb Macon 86, Birmingham.
Duncan, Joseph Johnston, mc univ Louisville 86, state board 86, Birmingham.
Earle, Thomas Transit, mc National 70, cb 87, Birmingham.
Edwards, Robert Smith, mc Atlanta 71, cb 78, Trussville.
Ellsberry, John Payne, mc univ Virginia 60, cb Montgomery 84, Redding.
Farley, Andrew Jackson, mc Atlanta 90, cb Shelby 90, Irondale.
Fielder, Francis Lewis, old law, cb Hale 85, Birmingham.
Gamble, John Wesley, old law, cb 78, Huffman.

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Glass, Edward Thomas, mc univ Vanderbilt 90, cb 90, Birmingham.
Goin, John Burt, colored, mc Meharry 90, cb 90, Birmingham.
Greene, Robert Smith, mc Atlanta 60, cb 87, New Castle.
Griffith, William, mc phy and surg Baltimore 57, cb 87, Pratt Mines.
Hale, William Lewis, mc Alabama 78, cb 80, Bessemer.
Hancock, James Francis, mc univ Louisville 88, cb —, Toad Vine.
Hawkins, Elijah Alexis, mc Georgia Southern 88, cb Walker 89, Little Warrior.
Hawkins, Richard Nathaniel, mc Miami 67, cb Shelby 87, Birmingham.
Heddleston, James Lawrence, mc South Carolina 55, cb Hale 87, Woodlawn.
Hill, Charles Lowry, mc univ Tennessee 88, cb 88, Elliott.
Holloway, Young Edwin, mc Miami 72, cb Cullman 85, Birmingham.
Hollis, John Henry, Robins.
Howard, John Wesley, Irondale.
Hudson, Norman Hyde, colored, mc Long Island 90, cb 91, Birmingham.
Jansenius, Joseph Harding, Birmingham.
Jenkins, Lewis Allen, mc Alabama 89, cb Wilcox 89, Brookside.
Jones, John Columbus, mc univ Tulane 85, cb 88, Johns.
Jones, Richard Augustus, mc Jefferson 55, cb 78, Birmingham.
Jones, William Kennon, mc univ Pennsylvania 56, cb Bullock 80, Birmingham.
Lewis, Francis Porcher, mc South Carolina 76, cb 80, Coalburg.
Lusk, Percy Bradford, mc univ Tulane 83, cb 84, Lewisburg.
Martin, Henry Lewis, Avondale.
McGehee, Benjamin Ellsberry, mc univ Louisville 72, cb Montgomery 84, Alice.
McPherson, Joseph Bailey.
Miller, James Melville, mc Alabama 84, cb Walker 84, Blossburg.
Miller, Jesse Thomas, mc univ Vanderbilt 86, cb Pickens 86, Dolomite.
Mobley, Richard Virgil, mc Alabama 86, cb Clarke 89, Birmingham.
Moore, John Alexander, mc phy and surg Baltimore 85, cb Blount 88, Birmingham.
Naff, John Mortimer, mc univ Vanderbilt 85, cb 85, Birmingham.
Oates, David Dudley, mc univ Pennsylvania 60, cb 79, Leeds.
Oliver, Henry Francis, mc univ Pennsylvania 58, cb 81, Woodlawn.
Ormand, John James, mc univ Tulane —, cb Greene 89, Birmingham.
Owen, William Marmaduke, mc Alabama 72, cb Tuscaloosa 78, Jonesboro.
Perry, Samuel, mc South Carolina 54, cb 78, Birmingham.
Posey, Marquis La Fayette, Wymond.
Posey, William Felix, mc Alabama 81, cb 81, Mt. Pinson.
Pitts, William Samford, Bessemer.
Pouncy, John Brown, mc univ New York 51, cb Bullock 81, Birmingham.

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Ragsdale, Milton Columbus, mc Georgia 78, cb 78, McCalla.
Rawls, Edmund Socrates, mc Georgia —, cb Perry 78, Bessemer.
Riley, Robert Lee, mc univ Tulane 84, cb 88, Birmingham.
Robbins, Jesse Albert, mc Atlanta 86, cb 86, Brookside.
Roberts, Martin, non-graduate, old law, cb 80, Warrior.
Robinson, Jasper Bennett, mc univ Vanderbilt 69, cb St. Clair 78, Woodlawn.
Roper, William Elliott, mc univ Louisville 83, cb Shelby 78, Woodlawn.
Russell, Randolph Morgan, mc Bellevue 88, cb Etowah 89, Birmingham.
Scott, Jeptha Newton, mc Alabama 87, cb 87, Birmingham.
Shepherd, Lewis, mc phy and surg Baltimore 85, cb St. Clair 87, Bessemer.
Shoemaker, Wooten Ney, mc Miami 78, cb 81, Birmingham.
Smith, Robert Lee, mc univ Louisville 91, Quinton.
Smith, B. B.
Spencer, Lucian A., mc Miami 85, cb 85, Bessemer.
Springfield, F. F., East Birmingham.
Staggs, John B., mc univ Vanderbilt 86, cb Blount 86, Pratt Mines.
Steves, Henry Fordyce, cb 86, Irondale.
Steves, William Hardy, mc phy and surg Baltimore 89, cb 89, Cardiff.
Trainer, Edward W., non-graduate, cb Marshall 85, Dolomite.
Trammell, Robert Hardie, mc Alabama 87, Irondale.
Tucker, William Robert, mc Georgia 60, cb Shelby 77.
Wheeler, Samuel Harvey, mc Atlanta 73, cb Blount 78, Birmingham.
Wheeler, William Jasper, mc Atlanta 89, cb 89, Dolomite.
Whissenhant, Lewis Daniel, cb 78, Morris.
Wood, Winston Cass, mc Atlanta 81, cb Randolph 81, Woodward.
Total, 100.

Moved into the county—Andrew Jackson Farley, from Bridgeton, Shelby county, to Irondale; Elijah A. Hawkins, from Walker county to Little Warrior; J. W. Howard, to Irondale; Randolph Morgan Russell, from Etowah county to Birmingham.

Moved out of the county—W. W. Bowes, from Birmingham to parts unknown; J M. Burns and J. C. Curry, from Bessemer to Texas; W. E. B. Davis, from Birmingham to Rome, Ga.; E. J. Jones, from Henry Ellen to Gadsden; L. A. Salady, to Tennessee; William M. Siddons, from Birmingham to parts unknown.

Examinations—For the practice of medicine, Arthur M. Brown, mc Ann Harbor, Bessemer; A. B. Burke, Charles J. Hester, Norman H. Hudson, colored, William H. Wilder. Certificates awarded.

Deaths—Ernest Maltravers Blakely, M. D., colored, Birmingham; William Purifoy Bergamy, M. D., mc Jefferson 55, cb 80, Birmingham; Jesse Ward, M. D., mc Atlanta 78, cb 88, Partridge.

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LAMAR COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, William L. Morton; Vice-President, William F. Elliott; Secretary, Martin W. Morton; Treasurer, Martin W. Morton; Health Officer, Daniel D. Hollis. Censors—William L. Morton, William F. Elliott, Robert J. Redden, William A. Burns, John B. Brock.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Brock, John Beauregard, mc univ Nashville 91, cb Marion 91, Richards.
Burns, John Crothers, cb 78, Vernon.
Burns, William Arthur, mc Memphis 91, cb 91, Vernon.
Collins, George Jackson, mc Alabama 74, cb Fayette 84, Kennedy.
Elliott, William Farris, mc univ Louisville 57, cb 77, Crews.
Hollis, Daniel Dixie, mc phy and surg Baltimore 84, cb 84, Sulligent.
Morton, Martin Watson, mc Cincinnati 73, cb 77, Vernon.
Morton, William Locke, mc univ Louisiana 74, cb 77, Vernon.
Redden, Robert James, mc univ Baltimore 78, cb 77, Sulligent.
Total, 9.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Armstrong, William, cb 80, Detroit.
Barksdale, James Ira, mc univ Vanderbilt 72, cb Tuscaloosa 86, Norman.
Blakeney, Louis Columbus, mc Alabama 74, cb 77, Millport.
Box, Daniel William, mc Alabama 85, cb 85, Malloy.
Collins, James Peter, cb Fayette 84, Hightoga.
Collier, Scott, cb 77, Detroit.
Kennedy, John Oscar, mc Alabama 82, cb 82, Kennedy.
Kennedy, William Henderson, mc univ Nashville 51, cb 77, Kennedy.
Phillips, James Richard, Millport.
Seay, Thomas Jefferson, cb 77, Fernbank.
Vaughn, George Washington, cb Marion 88, Wofford.
Total, 11.

Moved into the county—John B. Brock, from Marion county to Richards; James Richard Phillips, from Gordo, Pickens county, to Millport.

Moved out of the county—Newbern W. Blalock, from Crews to parts unknown; Joseph B. Guin, from Detroit to Humphries, Tuscaloosa county.

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*LAUDERDALE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS

President, —— ——————; Vice-President, Emmet L. Jones; Secretary, Percy I. Price; Treasurer, Percy I. Price; Health Officer, Charles M. Watson. Censors—William M. Price, Emmet L. Jones, Hugh L. Ray, Jesse A. Pate.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Arnold, Leonard Waring, mc univ Vanderbilt 82, cb 87, Florence.
Douglass, James Albert, mc univ Nashville 68, cb 88, Centre Star.
Duckett, Levi Fowler, mc Atlanta 56, cb 87, Florence.
Harraway, William Epps, mc univ Nashville 56, cb 87, Florence.
Jones, Emmet Lee, mc Alabama 86, cb 87, Florence.
Kennedy, Hiram Richard, mc univ Louisville 79, cb 89, Green Hill.
Moody, Henry Altamont, mc univ Louisville 66, cb 87, Florence.
Pate, Jesse Americus, mc univ Louisville 75, cb 87, Rogersville.
Powers, Alexander Hamilton, mc univ Louisville 71, cb 87, Waterloo.
Price, Percy Isaac, mc univ Vanderbilt 86, cb 87, Florence.
Price, William Mason, mc univ Nashville 65, cb 87, Florence.
Ray, Hugh Leonidas, mc univ Vanderbilt 71, cb 87, Oakland.
Watson, Charles McAlpine, mc univ Louisiana 81, cb Etowah 82, Florence.

Total, 13.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bramlett, William M., mc univ Nashville 60, cb 87, Florence.
Carroll, G. W., Gravelly Springs.
Crowe, Calvin Augustus, mc Jefferson 51, cb 78, Florence.
Hannum, Anthony Butler, mc univ Nashville 60, cb 87, Pruitton.
Harraway, Phillip M., Webster.
Hayes, John Monroe, mc univ Nashville 57, cb 86, Florence.
Henderson, Alexander Holmes, mc univ Nashville 76, cb 87, Bailey Springs.
Johnson, Stephen, mc univ Louisville 57, cb 87, Cloverdale.
Jones, John, Lexington.
Kernachan, William Jones, mc univ Vanderbilt 78, cb 88, Florence.
Kyle, William Bailey, Florence.
Morgan, James Thomas, mc univ Nashville 71, cb 87, Florence.
Morris, Wayne, Florence.
Pearson, J. M., Florence.
Powell, William Washington, mc univ Michigan 55, cb 88, Pruitton.
Richardson, Wiley William, mc univ Louisville 88, cb 89, Florence.
Scott, George B., St. Florian.

* Not having received any returns from this county the report here given is that of last year.—SEC'Y.

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Stewart, Edmund Monroe, mc univ New York and Vanderbilt 68, cb 87, St. Florian.
Suggs, Thomas Jefferson, Gravelly Springs.
Sullivan, Oliver Brown, mc univ Louisville 47, cb 87, Waterloo.
Total, 20.

LAWRENCE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Edgar Rand; Vice-President, Leonidas W. Houston; Secretary, William J. McMahon; Treasurer, William J. McMahon; Health Officer, William J. McMahon. Censors—Henry B. Burkett, John S. Houston, Edgar Rand, John A. P. Robinson, Robert M. Simpson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ashford, Edward Clinton, mc univ Louisiana 57, cb 78, Courtland.
Burkett, Henry Bascom, mc phy and surg Baltimore 78, cb 78, Hillsboro.
Carter, Parkerson Patrick, cb Lowndes 79, Brick.
Edwards, John Wilson, mc univ Louisville 69, cb 78, Brick.
Etheridge, Benjamin Franklin, mc Memphis 86, cb 86, Hatton.
Fennell, Isaac Watkins, mc univ Nashville 67, cb Madison 78, Courtland.
Houston, John Swan, mc univ Nashville 77, cb 78, Landersville.
Houston, Leonidas Walton, mc univ Nashville 77, cb 78, Town Creek.
Masterson, John Thomas, mc phy and surg Philadelphia 72, cb 78, Moulton.
McDonald, John Robert, mc univ Nashville 67, cb Limestone 78, Courtland.
McMahon, William Jack, mc Long Island, N. Y., 60, s of m New Orleans 61, cb 78, Courtland.
Rand, Edgar, mc Alabama 78, cb 78, Leighton.
Robinson, John Abner Pruette, mc St. Louis 71, cb 78, Leighton.
Simms, Edgar Thomas, mc univ Pennsylvania 71, cb 78, Hillsboro.
Simpson, Robert Miles, mc univ Vanderbilt 76, cb 89, Moulton.
Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Biddle, Edward James, cb Lowndes 78, Mt. Hope.
Fish, William Fletcher, mc univ New York 56, cb 78, Landersville.
Gibson, Flemming D., mc univ Nashville 90, Moulton.
Howell, John Rufus, mc Memphis 88, cb 88, Hatton.
Jones, Thomas Crittenden, mc univ Louisville 76, cb 78, Mt. Hope.
King, Benjamin Rush, mc univ Pennsylvania 58, cb 78, Leighton.

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Kitchens, James Munroe, mc Atlanta 90, Hatton.
Masterson, Abner Aaron, mc univ Louisville 89, cb 89, Avoca.
Pitt, James Thomas, mc univ Nashville 86, cb 92, Hillsboro.
Ponder, Abram Virgil, Moulton.
Shegog, George, mc King's College, Dublin, Ireland, 46, cb 78, Brick.
Sherrill, Robert Browning, mc Alabama 90, cb 90, Basham's Gap.
Total, 13.

Moved out of the county—William Henry Stanley, from Brick to Tuscumbia.

Deaths—Littleberry Herndon Binford, M. D., mc Jefferson 51, cb 78, Courtland, November 6, 1891, of nervous exhaustion; Bryan Obion Masterson, M. D., mc univ Indiana 59, cb 78, Avoca, of angina pectoris.

LEE COUNTY MEDICAL SOCIETY—Huntsville, 1880.

OFFICERS.

President, Abijah B. Bennett; Vice-President, Andrew H. Read; Secretary, Jesse G. Palmer; Treasurer, ———; Health Officer, Edgar J. Spratling. Censors—Aurelius G. Emory, Jesse G. Palmer, Abijah B. Bennett, Andrew H. Read, William C. Hanson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bennett, Abijah Benjamin, mc phy and surg Baltimore 81, cb 81, Opelika.
Drake, John Hodges, mc Atlanta 67, cb 81, Auburn.
Emory, Aurelius Grigsby, mc univ Louisiana 62, cb 81, Opelika.
Griffin, William Henry Harrison, mc South Carolina 35, cb 81, Opelika.
Hanson, William Calvin, mc Atlanta 89, cb 89, Marvyn.
Love, James Madison, mc South Carolina 54, cb 81, Opelika.
McCoy, Charles Breckenridge, mc phy and surg Baltimore 82, cb 82 Opelika.
Palmer, Jesse Gary, mc phy and surg Baltimore 82, cb 82, Opelika.
Read, Andrew H., Opelika.
Shepherd, Levin Wilson, mc univ New York 51, cb 81, Opelika.
Total, 10.

Honorary Members.

Floyd, James William Daniel, mc univ Pennsylvania 20, cb 81, Salem.
McCoy, Amos Washington, mc univ New York 53, cb 81, Opelika.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bedell, Robert Bruce, mc univ Nashville 69, cb 81, Opelika.
Bloodworth, Wiley Washington, mc Jefferson 53, cb 81, Lively.
Drake, John Hodges, Jr., mc Alabama 91, cb 91, Auburn.

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Foreman, Arthur Levin, mc univ Louisville 69, cb 91, Loachapoka.
Fowler, Andrew Jackson, mc Atlanta 81, cb 85, Roxana.
Fuller, John Benjamin, non-graduate, Smith's Station.
Johnson, Henry Harrison, mc South Carolina, Loachapoka.
Lamar, William Henry, mc Georgia Reform, cb 81, Auburn.
Shelton, Menzo David, mc univ Nashville 69, cb 81, Lively.
Wheeler, David Mason, mc Atlanta, Beulah.
Wheeler, William Raleigh, mc Atlanta, Beulah.
Williams, John Walter Raleigh, mc Georgia Reform, Opelika.
Total, 12.

Moved into the county—Andrew H. Read, from Pilot Point, Texas, to Opelika.

Moved out of the county—Tucker H. Frazer, from Auburn to Mobile; Albert H. R. Frederick, from Opelika to parts unknown; Edgar J. Spratling, from Auburn to Mobile.

Examinations—John H. Drake, Jr., mc Alabama 91, cb 91, Auburn; Edgar Johnston Spratling, mc phy and surg Baltimore 91, cb 91, Opelika; William Henry Ward. Certificates awarded.

Deaths—William Alexander Snipes, Beulah.

LIMESTONE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Theodore Westmoreland; Vice-President, Joseph A. Pettus; Secretary, William J. Hagan; Treasurer, James B. Hatchett; Health Officer, George R. Lewis. Censors—James B. Hatchett, George R. Lewis, Mac Moore.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Crutcher, John Sims, mc univ Vanderbilt 89, cb 89, Centre Hill.
Hatchett, James Benton, mc univ Vanderbilt 90, cb 90, Athens.
Hagan, William James, mc Jefferson 84, cb 84, Athens.
Hoffman, John Richardson, mc Jefferson 58, cb 77, Athens.
Lewis, George Roland, mc univ Vanderbilt 89, cb 89, Athens.
Moore, Elisha Dixon, old law, 67, cb 78, Athens.
Moore, Mac, mc Atlanta 90, cb 90, Petty.
Pettus, Joseph Albert, mc univ Vanderbilt 67, cb 77, Elkmont.
Rankin, James Caffield Mitchell, mc univ Nashville 58, cb 78, Belle Mina.
Westmoreland, Theodore, mc univ Nashville 56, cb 79, Athens.
Total, 10.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, James Jackson, cb 78, Athens.
Collins, James Marshall, cb 78, Athens.

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Deloney, Isaac Fox, mc univ Louisiana 53, cb Madison 78, Petty.
Dupree, William Jefferson, cb 79, Westmoreland.
Gaston, Alfred Langdon, mc univ Vanderbilt 91, cb 91, Gilbertsboro.
Hill, Henry Willis, mc univ New York 49, cb 84, Mooresville.
Mœbes, Otto, cb 78, Athens.
Pettus, Benton Samuel, mc univ Vanderbilt 92, cb 92, Pettusville.
Vance, John Madison, mc univ Vanderbilt 90, cb 90, Elkmont.
Wallace, Nicholas Blackburn, mc Cincinnati 51, cb 78, Elkmont.
Wilkinson, Milton Roil, mc univ Nashville 80, cb 78, Westmoreland.
Williams, George Allen, mc univ Nashville 80, cb 81, Athens.
Wilson, Felix Grundy, mc univ Nashville 77, cb 78, Elkmont.
York, Seaborn Ellis, mc univ Louisville 78, mc 84, Athens.
Total, 14.

Moved into the county—William James Hagan, from Nashville, Tennessee, to Athens.

Moved out of the county—John Lewis Davis to parts unknown; William Henry Cannon, from Tick Ridge to Arkansas.

Examinations—For the practice of medicine, John Lewis Davis, Alfred Langdon Gaston, Benton Samuel Pettus. Certificates awarded.

LOWNDES COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, John A. Pritchett; Vice-President, William L. Buford; Secretary, Thomas D. Stallings; Treasurer, John A. Pritchett; Health Officer, Shirley Bragg. Censors—Shirley Bragg, John A. Pritchett, Daniel S. Hopping, Phillip N. Cilley, William P. Russell.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bowie, Andrew, mc South Carolina 54, cb 78, Benton.
Bragg, Shirley, mc Alabama 75, cb 79, Lowndesboro.
Buford, William Lewis, cb 78, Mt. Willing.
Carr, George Washington LaFayette, mc univ Pennsylvania 55, cb 78, Fort Deposit.
Cilley, Phillip Noble, mc univ Louisiana 48, cb 78, Lowndesboro.
Coleman, Aurelius Daniel, mc Alabama 80, cb 85, Mt. Willing.
Couch, Albert Benton, mc Southern 84, cb 84, Hayneville.
Crum, William Barton, mc Southern 88, cb 88, Farmville.
Dilburn, Samuel George, mc Southern 75, cb 78, Bragg's Store.
Hopping, Daniel Stiles, mc Jefferson 52, cb 78, Letohatchie.
Marlette, Cyrus Edward, mc univ Louisville 90, cb 91, Gordonsville.
McRea, Abraham Cruser, mc univ Pennsylvania 50, cb 78, Lowndesboro.
McQueen, Samuel Thomas, mc univ Pennsylvania 55, cb 78, Ft. Deposit.

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Peake, John Samuel, mc South Carolina 54, cb 78, Farmersville.
Pritchett, John Albert, mc univ Virginia 70, cb 78, Hayneville.
Russell, John Hamilton, mc Georgia Reform 56, cb 78, Sandy Ridge.
Russell, William Payne, mc Atlanta 91, cb 91, Hayneville.
Sanderson, Edmund Levi, mc Jefferson 57, cb 78, Letohatchie.
Snow, James Lewis, mc Alabama 91, cb 91, Collirene.
Stallings, Thomas Daniel, mc Alabama 89, cb 89, Hayneville.
Weatherly, Charles Taliaferro, mc Atlanta 74, cb 85, Benton.
Weaver, William Calvin, mc univ Tennessee 83, cb 83, Ft. Deposit.
Winnemore, Samuel Eggleston, mc New York 56, cb 78, Benton.
Total, 23.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bouchelle, Louis Brown, mc Atlanta 91, cb 91, ———.
Brunner, Oliver Glenn, mc Alabama 76, cb 78, Ft. Deposit.
Carter, Samuel Taylor, mc univ Tennessee 90, cb 90, Sandy Ridge.
Peake, William, mc univ Vanderbilt 83, cb 83, Benton.
Powell, Charles William, mc Alabama 90, cb 90, Lowndesboro.
Reese, Charles Edwin, mc Jefferson 56, cb 78, Lowndesboro.
Snow, Charles Henry Clay, mc univ Tennessee 83, cb 86, Bragg's Store.
Total, 7.

Moved into the county—L. B. Bouchell, from Thomasville, Georgia, to Hayneville; Cyrus Edward Marlett, from Illinois to Gordonsville.

Moved out of the county—John Samuel Ansley, from Mt. Willing to Tuscaloosa; L. B. Bouchell, from Hayneville to Florida.

Examinations—For the practice of medicine, L. B. Bouchell, C. E. Marlett. Certificates awarded.

Deaths—Daniel Haygood, M. D., mc South Carolina 59, cb 78, Mt. Willing.

MACON COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, Louis W. Johnston, Vice-President, John S. Lightfoot; Secretary, William P. Magruder; Treasurer, John S. Johnston; Health Officer, Clarence L. C. Atkeson. Censors—Francis M. Letcher, Thaddeus W. Brunson, John S. Johnston, John H. Gautier.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Atkeson, Clarence Lee Crawford, mc phy and surg Baltimore 81, cb 82, Notasulga.
Boyd, Charles LeRoy, mc South Carolina 59, cb 79, La Place.
Brunson, Thaddeus Warsaw, mc univ Pennsylvania 47, cb 79, Society Hill.

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Gautier, John Hosea, mc univ Louisville 88, cb 88, Tuskegee.
Gautier, William James, mc univ Pennsylvania 50, cb 79, Tuskegee.
Harris, William Samuel, mc univ New York 51, cb Bullock 79, Kinloch.
Johnston, John Samuel, mc Memphis 89, cb 90, Tuskegee.
Johnston, Louis Wilber, mc Alabama 89, cb 89, Tuskegee.
Lightfoot, John Steele, mc univ Nashville 68, cb 79, Shorter's.
Letcher, Francis Marion, mc univ Louisiana 61, cb 79, Shorter's.
Magruder, William Perry, mc Atlanta 90, cb 90, Tuskegee.
May, Thomas Jefferson, mc Alabama 91, cb 91, Notasulga.
Total, 12.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Aikens, John Calhoun, mc Graffenburg 46, cb Tallapoosa 78, Notasulga.
Ellison, James Edwin, mc Georgia 48, cb 79, Creek Stand.
Reynolds, William Abner, mc univ Pennsylvania —, Warrior Stand.
Sistrunk, John, mc univ New York 58, cb 79, Society Hill.
Wood, George Pierce, mc Memphis 89, cb 90, Tuskegee.
Total, 5.

Moved into the county—Thomas Jefferson May, to Notasulga.

Moved out of the county—James P. Colvin, from Tuskegee to Bullock county.

Examinations—For the practice of medicine, James P. Colvin and Thomas Jefferson May, mc Alabama 91, cb 91, Notasulga. Certificates awarded.

MADISON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Richard M. Fletcher; Vice-President, Christopher A. Robinson; Secretary, Lewis C. Pynchon; Treasurer, Lewis C. Pynchon; Health Officer, William C. Wheeler. Censors—Milton C. Baldridge, Samuel H. Lowry, David H. McLain, Albert R. Erskine, Richard M. Fletcher.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Baldridge, Milton Columbus, mc Bellevue 74, cb 78, Huntsville.
Blanton, Charles Edgar, mc univ Vanderbilt 82, cb 82, New Market.
Brouillette, Pierre Lawrence, mc Ohio 71, cb 84, Huntsville.
Burke, James Pickens, mc univ Pennsylvania 53, cb 78, Meridianville.
Darwin, James Lanier, mc Bellevue 88, cb 90, Huntsville.
Erskine, Albert Russell, mc univ Pennsylvania 51, cb 78, Huntsville.
Farley, John Benton, mc univ Vanderbilt 86, cb 86, Whitesburg.
Fletcher, Richard Matthew, mc univ Pennsylvania 54, cb 78, Madison.

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Johnson, Henry Rayburn, mc univ Nashville 87, cb Marshall 87, New Hope.
Johnson, James Thomas, mc univ Maryland 48, cb Jefferson 88, Huntsville.
Lowry, Samuel Hickman, mc Bellevue 73, cb 78, Huntsville.
McDonnell, Henry, mc univ Louisiana 68, cb 78, Huntsville.
McLain, David Hubbard, mc Alabama 75, cb 78, Maysville.
Pynchon, Lewis Charlton, mc Jefferson 52, cb 78, Huntsville.
Robinson, Christopher Americus, mc Jefferson 71, cb 78, Huntsville.
Siddons, Louis Mills, mc univ Nashville 69, Gurley.
Slaughter, John Richard, mc univ New York 47, cb 78, Huntsville.
Wheeler, William Camp, mc Bellevue 62, cb Colbert 81, Huntsville.
Total, 18.

Honorary Members.

Rice, Francisco, mc Memphis 57, cb 78, New Market.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Burwell, Edward D., mc Kentucky —, cb 78, Rep.
Duffield, Alfred Manley, homeopath, mc univ Boston 85, cb Mobile 85, Huntsville.
Flynt, James C., mc univ Louisville —, cb 87, Gurley.
Glover, Antony Natalie, mc univ Nashville 87, cb 87, Owens Cross Roads.
Hatcher, Archie Wood, cb 82, Hazel Green.
Hensley, William Thomas, mc univ Nashville —, cb —, Triana.
Hinds, Byron William, mc univ Nashville 66, cb 78, New Hope.
Jones, John Andrew, mc univ Nashville 73, cb 78, New Market.
Lipscomb, Elias DeKalb, state board 87, New Market.
Macon, Joseph Sumter, mc Atlanta 80, cb 80, Bell's Factory.
McKelvey, William C., cb 74, Cottonville.
Pettus, William David, mc univ Nashville 68, cb 78, Cluttsville.
Ridley, James Lucas, mc univ Shelby 61, cb 78, Huntsville.
Shelby, Antony Boulding, cb 78, Huntsville.
Sullivan, George Richard, mc univ Shelby 60, cb 78, Madison.
Sullivan, William F.
Watts, John Parke, mc univ Louisville 73, cb 78, Hays' Store.

Deaths—John Jefferson Dement, M. D., mc univ Pennsylvania 53, cb 78, Huntsville, Lithia Springs, Ga., Aug. 10, 1891, of paralysis of the heart.

MARENGO COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Bryan W. Whitfield; Vice-President, Edward H. C. Bailey; Secretary, John W. Todd; Treasurer, James B. Whitfield; Health Officer, Isham G. Wilson. Censors—Bryan W. Whitfield, Ed-

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ward H. C. Bailey, Robert B. McCants, Charles B. Thomas, Charles B. Whitfield.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bailey, Edward Howe Corrie, mc univ Virginia 48, cb 78, Demopolis.
Eaton, Benjamin Glover, mc univ Louisville 92, cb 92, Dayton.
George, James Hosea, mc South Carolina 67, cb 78, Linden.
Harris, Robert Josephus, mc univ Louisville 92, cb 92, Jefferson.
Jones, Wade Hampton, mc South Carolina 58, cb Dallas 84, Jefferson.
Lockhart, William Crocheron, mc Alabama 89, cb 92, Dayton.
McCants, Robert Bell, mc Georgia Southern 82, cb 82, Faunsdale.
Ruffin, James Sterling, mc univ Pennsylvania 49, cb 78, Demopolis.
Smith, Seth David, mc univ Louisiana 54, cb 78, Demopolis.
Strudwick, Edmund, mc Jefferson 57, cb 78, Dayton.
Thomas, Charles Brooks, mc Georgia Southern 83, cb 83, London.
Todd, John William, mc Alabama 90, cb 90, Linden.
Tucker, William Sidney, mc Atlanta 90, cb 92, Luther's Store.
Webb, Edwin Strudwick, mc Atlanta 89, cb 92, Faunsdale.
Whitfield, Bryan Watkins, mc univ Pennsylvania 53, cb 79, Demopolis.
Whitfield, Charles Boaz, mc phy and surg New York 71, cb 79, Demopolis.
Whitfield, George, mc univ Pennsylvania 53, cb 78, Old Spring Hill.
Whitfield, James Bryan, mc univ Pennsylvania 67, cb 82, McKinley.
Wilson, Isham Griffin, mc univ Louisiana 68, cb Dallas 78, Demopolis.
Total, 19.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allen, William Howard, mc univ Louisville 82, cb 82, Sweet Water.
Betts, Thomas Jefferson, mc univ Louisville 61, cb 84, Nicholsville.
Drummond, William Fletcher, mc univ Maryland 49, cb 78, Magnolia.
Eaton, Benjamin G., mc univ Louisville 92, cb 92, Dayton.
Evans, Josiah Thomas, mc Jefferson 37, cb 79, Jefferson.
Foscue, Francis Lewis, mc Jefferson 84, cb Perry 85, Demopolis.
Gillespie, Robert Clanton, mc univ Pennsylvania 83, cb 83, Putnam.
Johnson, Charles Nathan, mc Alabama 90, Dixon's Mills.
Kimbrough, Francis Gildersleeve, mc Alabama 90, cb 92, Rembert.
King, James Moore, mc Alabama 87, cb 87, McKinley.
McCorkle, Thomas James, mc Alabama 83, cb 83, Dayton.
Moseley, William Joseph, mc Alabama —, Faunsdale.
Nichols, J. E., mc Alabama —, Nicholsville.
Nixon, William Goodwin, mc univ Pennsylvania 55, cb 78, London.
Peacock, Lovick Edward, mc Alabama 92, cb 92, Old Spring Hill.
Pegram, William Edward, old law 44, cb 79, Dayton.
Poellnitz, Benjamin Bruno, mc univ Louisiana 47, cb 81, Rembert.
Stone, Augustus Bosworth, mc Alabama 86, cb 86, Linden.
Wood, John Hackworth, mc Alabama 86, cb 86, Dixon's Mills.
Total, 19.

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Moved into the county—Robert Josephus Harris to Jefferson.

Examinations—For the practice of medicine, Benjamin G. Eaton, mc univ Louisville 92, cb 92, Dayton; Robert J. Harris, mc univ Louisville 89, cb 92, Jefferson; Francis Gildersleeve Kimbrough, mc Alabama 90, cb 92, Rembert; William Crocheron Lockhart, mc Alabama 89, cb 92, Dayton; Lovick Edward Peacock, mc Alabama 92, cb 92, Old Spring Hill; William Sidney Tucker, mc Atlanta 90, cb 92, Luther's Store; Edwin Strudwick Webb, mc Atlanta 89, cb 92, Faunsdale. Certificates granted.

Deaths—Henry Walter Morgan, M. D., mc Alabama 78, cb 78, Dayton, suicide; James Webb, M. D., mc univ Pennsylvania 42, cb 78, of inflammation of bowels; James Moore King, M. D., mc Alabama 87, cb 87, McKinley, date and cause of death unknown.

MARION COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President,———; Vice-President,———; Secretary,———; Treasurer,———; Health Officer,———. Censors— ———

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bevill, Simeon Davis, mc Alabama 92, cb Walker 92, Guin.
Clark, William Fielder, cb 88, Hamilton.
Cochran, William J., cb 88, Glenn Allen.
Collins, J. William, cb 90, Guin.
Earnest, James Franklin, cb 88, Winfield.
Guyton, Warren, cb 88, Hamilton.
Halladay, J. Walter, cb 88, Scottsville.
Howell, James W., cb 88, Pearce's Mills.
Moorman, A. L., cb 88, Bexar.
Palmer, Alexander S., cb 92, Hamilton.
Palmer, Benjamin Franklin, cb 88, Hamilton.
Scruggs, John M., cb 87, Stinson.
Springfield, Thomas Jefferson cb 89, Guin.
Williams, L. Wiley, cb 92, Guin.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allen, Lanston, cb 88, Allen's Factory.
Chatham, Lewis W., cb 88, Eldridge.
Goggans, Kimbrough Buck, cb 91, Hackleberry,
Wheeler,———, cb 90, Winfield.
Total, 4.

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MARSHALL COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, Lorenzo D. Lusk; Vice-President, Thaddeus A. Casey; Secretary, Phocian B. Lusk; Treasurer, Phocian B. Lusk. Censors—William L. Thomason, Lorenzo D. Lusk, Phocian B. Lusk, Joseph J. McGahey, Thomas S. May.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Casey, Thaddeus Alonzo, mc univ Vanderbilt 91, cb 91, Galliton.
Jenkins, Edward Monroe, mc univ Vanderbilt 91, cb 91, Martling.
Lusk, Lorenzo David, old law, cb Madison 59, cb 86, Guntersville.
Lusk, Phocian B., mc Bellevue 91, cb 91, Guntersville.
May, George B., cb 86, Hillian's Store.
May, Thomas Sidney, mc univ Vanderbilt 83, cb 86, Guntersville.
McGahey, Joseph Jefferson, cb 86, Henryville.
Noel, William Lewis, cb 86, Boaz.
Thomason, William Levi, mc univ Nashville 71, cb Blount 78, Guntersville.

Total, 9.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abels, William George, cb 88, Cottonville.
Aaker, P. M.
Barcliff, Thomas Mascoolin, mc univ Tennessee 86, cb 86, Red Hill.
Brazzleton, John Houston, mc univ Vanderbilt 80, cb Madison 81, Warrenton.
Burnum, Samuel Johnston, mc Alabama 87, cb Blount 87, Miltonsville.
Dodd, J. H., Boaz.
Hale, ———, Hyatt.
Hinds, Montgomery L., mc univ Vanderbilt 91, cb 91, Arab.
Hughes, William LaFayette, cb 86, Union Grove.
Jackson, James Monroe, mc South Carolina 49, cb 86, Guntersville.
Johnston, Webster, mc univ Vanderbilt 92, cb 92, Kirby's.
Jordan, David Carnes, Jr., mc Memphis Hospital 92, cb 92, Guntersville
Lowery,———
Lusk, W. T., Boaz.
Maples, J. H., Cottonville.
McCorkle, J. C. Henryville.
Moore, Emmet Knight, mc univ U. S. Grant Chattanooga 92, cb 92, North.
Raines, John Leonidas, mc univ Vanderbilt 91, cb 91, Albertville.
Scarborough, William Miles, cb Clay 87, Albertville.
Scott, Agrippa, mc Atlanta 85, cb 86, Albertville.
Slaughter, C. J., Albertville,

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Smith, William George, mc univ Nashville 54, cb 86, Warrenton.
Stewart, Andrew Jackson, mc Alabama 85, cb 89, Cottonville.
Total, 28.

Moved into the county—John Houston Brazzelton, mc univ Vanderbilt 80, cb Madison 81, Warrenton.

Moved out of the county—James R. Sherman, from Martling to parts unknown.

Examinations—Thaddeus Alonzo Casey, mc univ Vanderbilt 91, cb 91, Galliton; Edward Munroe Jenkins, mc univ Vanderbilt 91, cb 91, Martling; Phocian B. Lusk, mc Bellevue 91, cb 91, Guntersville. John L. Raines, mc univ Vanderbilt 91, cb 91, Albertville.

MOBILE COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, Samuel R. Olliphant; Vice-President, Henry T. Cox; Secretary, William H. Sledge; Treasurer, Daniel E. Smith; Health Officer, (city) Thomas S. Scales; (county) Edwin L. Marechal. Censors—George A. Ketchum, Samuel R. Olliphant, Goronway Owen, Daniel E. Smith, James G. Thomas.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Beck, Franklin King Kowalowski, mc Alabama 88, cb 88, Mobile.
Cochran, Jerome, mc univ Nashville 61, cb 78, official residence Montgomery.
Cox, Henry Thomas, mc univ New York 48, cb 78, Mobile.
Crampton, Orson Lucius, mc Bellevue 55, cb 78, Mobile.
Festorazzi, Angelo, mc Alabama 88, cb 88, Mobile.
Fowler, George Huggins, mc univ Pennsylvania 61, mc 78, Herndon, Baldwin county.
Frazier.
Gaines, Vivian Pendleton, mc Alabama 72, mc phy and surg New York 73, cb Choctaw 79, Mobile.
Goode, Rhett, mc Alabama 71, cb 78, Mobile.
Hendon, James Jefferson, mc Alabama 86, cb 86, Mobile.
Hirshfeld, Henry P., mc univ Pennsylvania 78, cb 78, Mobile.
Inge, Henry Tutwiler, mc univ New York 83, cb 83, Mobile.
Jackson, William Richard, mc Alabama 88, cb 88, Mobile.
Ketchum, George Augustus, mc univ Pennsylvania 46, cb 78, Mobile.
Lea, William J., Jr., mc Alabama 86, cb 86, Mobile.
Marechal, Edwin Lesley, mc Alabama 70, cb 86, Mobile.
Marshall, John Benjamin, mc univ Nashville 72, cb 78, Mobile.
Mastin, Claudius Henry, Jr., mc Pennsylvania 84, cb 84, Mobile.
Olliphant, Samuel Rutherford, mc univ Louisiana 55, cb 78, Mobile.

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Owen, Calvin Norris, mc Alabama 88, cb 88, Mobile.
Owen, Goronway, mc univ Pennsylvania 57, cb 78, Mobile.
Patton, William, mc Alabama 76, cb 78, Mobile.
Pugh, Sidney Stewart, mc univ Louisiana 89, cb 89, Mobile.
Randle, Dudley Crawford, mc Alabama 85, cb Pickens 79, Mobile.
Sanders, William Henry, mc Jefferson 62, cb 78, Mobile.
Sawyer, William Templeton, mc univ Louisiana 60, cb 78, Mobile.
Scales, Thomas Sidney, mc phy and surg New York 67, cb 78, Mobile.
Sheldon, George A., mc Alabama 92, cb 92, Mobile.
Sledge, William Henry, mc Alabama 80, cb 80, Mobile.
Smith, Daniel Edgarly, mc Alabama 61, cb 78, Mobile.
Thomas, James Grey, mc univ Pennsylvania 56, cb 78, Mobile.
Total, 31.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abrams, J. A., mc Alabama 92, Mobile.
Acker, P. J., mc Alabama 92, Mobile.
Cooper, John Henry, mc Alabama 68, cb 86, Citronelle.
DeDurkey, Francis F., mc univ Vienna 58, cb Hahnneman 69, Mobile.
Gaines, M. T., mc Alabama 90, Mobile.
Hall, Alexander P., mc univ Louisiana 59, cb 78, Mobile.
Johnston, David Elijah, mc Georgia 68, cb 78, Mobile.
LeBaron, Charles, mc Alabama 89, cb 89, Mobile.
Lyon, George G., mc univ Pulte 88, Mobile.
Malay, Ramsey P., mc Alabama 84, cb Elmore 84, Whistler.
Mastin, Claudius Henry, Sr., mc univ Pennsylvania 49, cb 78, Mobile.
Mastin, William McDowell, mc univ Pennsylvania 74, cb 78, Mobile.
McArthur, Andrew Patterson, mc Alabama 85, cb 85, Mobile.
McCarty, Miles Edward, mc Alabama 78, cb 78, Whistler.
McKaig, F. T., mc Alabama 90, Mobile.
Michael, Jacob G., mc univ Virginia 60, cb 78, Citronelle.
Mohr, Charles A., mc Alabama 84, cb 84, Mobile.
Moore, —— ———, cb Alabama 90, Mobile.
Murphy, R. N., mc Alabama 62, cb 84, Mobile.
Myers, Augustus P., mc St. Louis 88, cb —, Mobile.
Pope, William Barnemore, mc Alabama 82, cb 82, Mobile.
Porter, Ira W., Jr., mc Alabama 92, cb —, Mobile.
Reed, Walter, mc univ Virginia 69, cb —, Mt. Vernon.
Roe, Chester King, mc univ Louisville 71, cb —, Spring Hill.
Roemer, Francis John Baptist, mc univ Louisiana 86, cb 78, Spring Hill.
Spotswood, Dillon, mc Alabama 90, cb —, Mobile.
Total, 26.

Moved into the county—Frank K. K. Beck, from New York to Mobile; John B. Marshall, from Warsaw, Sumter county, to Mobile; Sidney Stewart Pugh; William Henry Sledge, from Livingston,

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Sumter county, to Mobile; Dillon Spotswood, from Mt. Vernon, Mobile county, to Mobile.

Moved out of the county—Francis Asbury Webb, from Calvert's to Fairford, Washington county.

Deaths—Caleb Toxie, M. D., mc univ Pennsylvania 60, cb 78, Mobile, cause unknown.

MONROE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Fielding S. Daily; Vice-President, William M. Hestle; Secretary, James M. Wiggins; Treasurer, James M. Wiggins; Health Officer, William W. McMillan. Censors—William W. McMillan, William M. Burroughs, William M. Hestle.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Abernethy, William Henry, mc univ Transylvania 48, Tinela.
Burroughs, William Monroe, mc South Carolina 57, cb 77, Pineville.
Bradley, Hugh C., mc univ Pennsylvania 55, cb 77, River Ridge.
Chapman, William Robert, mc Georgia Reform 79, cb 79, Simpkinsville.
Dailey, Fielding Straughn, mc Alabama 71, cb 71, Kempville.
Gaillard, George Walter, mc univ Louisville 82, cb 83, Perdue Hill.
Gaillard, Samuel Septimus, mc South Carolina 48, cb 77, Perdue Hill.
Hestle, William Monroe, mc Alabama 85, cb 85, Buena Vista.
Jenkins, James Samuel, mc South Carolina 49, cb 77, Buena Vista.
Mason, Francis Henry, mc Alabama 91, cb 91, Tinela.
McMillan, William Wallace, mc univ Louisiana 56, cb 79, Monroeville.
Scott, Gladen Gorin, mc univ Louisville 85, cb 85, Mt. Pleasant.
Shomo, Joseph Weatherford, mc univ Transylvania 55, cb 77, Mt. Pleasant.
Sowell, James Lawrence, mc univ Tulane 91, cb 91, Perdue Hill.
Wiggins, James Monroe, mc Alabama 91, cb 91, Monroeville.
Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Batts, William Franklin, mc univ Tulane 92, cb 92, Burnt Corn.
Draughn, Robert Isaac, mc South Carolina 47, cb 79, Perdue Hill.
Mason, William Joseph, mc Atlanta 84, cb Wilcox 84, Activity.
Russell, James Thomas, mc Georgia Reform 55, cb 77, Monroeville.
Thompson, Rosser Alexander, ———.
Whistenhant, William E., mc univ Nashville 81, cb 81, Buena Vista.
Total, 6.

Moved out of the county—George C. Chapman, from Simpkinsville to Birmingham; Thomas Morton McMillan, from Monroeville to Brooklyn, Conecuh county.

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Examinations—For the practice of medicine, Thomas Morton McMillan, mc univ Tulane 91, cb 91, Monroeville; Francis Henry Mason, mc Alabama 91, cb 91, Tinela; James Lawrence Sowell, mc univ Tulane 91, cb 91, Perdue Hill. Certificates awarded.

MONTGOMERY COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, John B. Gaston; Vice-President, James R. Jordan; Secretary, Augustus A. Greene; Treasurer, Thomas A. Means; Health Officer, Pascal H. Owen. Censors—John B. Gaston, Richard F. Michel, Samuel D. Seelye, John H. Blue, Luther L. Hill.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Andrews, Glenn, mc univ New York 86, cb 86, Montgomery.
Baldwin, Benjamin James, mc Bellevue 77, cb 83, Montgomery.
Bibb, William George, mc univ Vanderbilt 78, cb 78, Montgomery.
Blue, John Howard, mc Washington, Md. 70, cb 78, Montgomery.
Douglass, James, mc South Carolina 57, cb 78, Montgomery.
Duncan, Charles Kane, mc univ New York 58, cb 85, Montgomery.
Gaston, John Brown, mc univ Pennsylvania 55, cb 78, Montgomery.
Gaston, Joseph Lucius, mc phy and surg New York 85, cb 88, Montgomery.
Greene, Augustus A., mc univ Vanderbilt 91, cb Chilton 91, Montgomery.
Henry, John Hazzard, homeopathist, cb Dallas 79, Montgomery.
Hill, Luther Leonidas, mc univ New York 81, cb Jefferson 81, Montgomery.
Hill, Robert Sommerville, mc univ New York 91, cb 91, Montgomery.
Howell, William Henderson, mc Atlanta 80, cb 80, Ramer.
Jackson, Walter Clark, mc univ Pennsylvania 52, cb 78, Montgomery.
Jordan, James Reid, mc univ Maryland 84, cb 84, Montgomery.
Kendrick, William Toulmin, mc Atlanta 76, cb Butler 78, Montgomery.
Mason, John Crump, Snowdoun.
McDade, George Wilkins, s of m New Orleans 61, cb 78, Montgomery.
Means, Thomas Alexander, mc Atlanta 57, cb 78, Montgomery.
Michel, Richard Fraser, mc South Carolina 47, cb 78, Montgomery.
Naftel, Jesse Holmes, mc Alabama 87, cb 87, Pine Level.
Naftel, St. John, mc univ Vanderbilt 79, cb 80, Naftel.
Owen, Pascal Harrison, mc univ New York 57, cb Lowndes 78, Montgomery.
Pearson, Benjamin Rush, mc Alabama 81, cb 81, Montgomery.
Powell, Clifton William, mc Alabama 91, cb Lowndes 91, Colquitt.

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Seelye, Samuel Dibble, mc univ New York 55, cb 78, Montgomery.
Watkins, Isaac La Fayette, mc Bellevue 78, cb Bullock 86, Montgomery.
Whipple, Henry Lawrence, mc univ New York 44, cb 78, Hope Hull.
Wilkerson, Wooten Moore, mc univ New York 80, cb 80, Montgomery.
Williams, Robert Silas, mc Jefferson 48, cb 84, Mt. Meigs.
Wood, Milton LeGrand, mc Bellevue 77, cb 84, Montgomery.
Total, 31.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baker, Christopher Columbus, mc univ Tennessee 59, cb 84, Panther.
Brown, James Mack, mc Alabama —, cb —, Strata.
Calloway, James Wesley, mc univ Vanderbilt 81, cb 82, Snowdoun.
Chapman, Benjamin Sidney, mc univ New York 92, cb 92, Montgomery.
Clutts, William Parson, Chambers.
Davis, LeRoy, mc Georgia 57, cb 78, Morganville.
Dickson, Thomas Arbury, mc univ Louisiana 92, cb 92, Ramer.
Dorsette, Charles Nathaniel, colored, mc univ Buffalo 83, cb 84, Montgomery.
Duncan, Thomas, mc Alabama 92, cb 92, Mt. Carmel.
Harris, Andrew Jackson, Stoddard.
Hill, Robert Marcus, mc univ New York 60, cb 78, Mt. Meigs.
Jackson, Edward Beatty, mc Alabama 85, cb 85, Ramer.
Kirk, Eben Bell, mc Alabama 85, cb Mobile 85, Montgomery.
McCrummin, Norman Henry, mc univ Vanderbilt 84, cb 85, Raif Branch.
McDade, James, mc Georgia 71, cb 78, Mt. Meigs.
McLean, Frank, mc univ Louisiana 66, cb 78, Hope Hull.
Nicholson, John Cogburn, mc Jefferson 55, cb 78, Mt. Meigs.
Patton, George Robert, mc univ Vanderbilt 69, cb 78, Montgomery.
Rives, George, Snowdoun.
Rushing, Thomas Elbert, mc Alabama 90, cb 91, Pike Road.
Sankey, George L., Tharin.
Sankey, John Thomas, cb 84, Tharin.
Sellers, Anthony Hamilton, mc South Carolina 82, cb 84, Ramer.
Stone, Henry Llewellen, mc univ Maryland 68, retired, Montgomery.
Townsend, James Barnett, mc univ Nashville 78, cb 78, Pine Level.
Waller, George Platt, mc univ New York 92, cb 92, Montgomery.
Watson, Van Buren, s of m Kentucky 78, cb 78, Strata.
Total, 27.

Moved into the county—Augustus A. Greene, from Verbena to Montgomery.

Examinations—For the practice of medicine, John M. Anderson, mc univ New York 91, Montgomery; Robert S. Hill, mc univ New

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York 91, Montgomery; William B. Trimble, mc univ New York 91. Certificates awarded.

Deaths—Myles Jefferson Greene, M. D., mc Jefferson 51, cb 91, Montgomery; Job Sobieski Weatherly, M. D., mc univ New York 44, cb 78, Montgomery; John Foote Johnston, M. D., mc South Carolina 48, cb 78, Montgomery.

MORGAN COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, John M. Kitchens; Vice-President, William A. Barclift; Secretary, Abel R. Wilson; Treasurer, Abel R. Wilson; Health Officer, Peter Binford. Censors—Benjamin F. Cross, Scott L. Roundtree, Walter C. Buchley, Marcus W. Murry, Peter Binford.

NAMES OF PHYSICIANS WITH THEIR COLLEGES AND POST-OFFICES.

Barclift, William Anderson, mc univ Nashville 77, cb 79, Hartsell.
Binford, Peter, mc New Orleans 61, cb 79, Somerville.
Buchley, Walter Colquitt, mc phy and surg New York 85, cb 85, Decatur.
Cross, Benjamin Franklin, mc univ Louisville 57, cb 78, Decatur.
Cross, Shadrach Eugene, mc univ Louisville 72, cb Lauderdale 87, Decatur.
Dinsmore, William Louis, mc univ Vanderbilt 81, cb 82, Decatur.
Gaston, James Reeves, mc univ Vanderbilt 76, cb Limestone 78, New Decatur.
Kitchens, John Murry, mc Atlanta 85, cb Lawrence 85, Danville.
Murry, Marcus Washington, mc univ McGill, Montreal, Canada, New Decatur.
Peck, Cicero Fain, mc Memphis 90, cb 90, Fort Bluff.
Roundtree, Scott Louis, mc Jefferson 58, cb 78, Hartsell.
Ross, Donald Lawrence, mc univ McGill, Montreal, Canada, New Decatur.
Thomason, William Black, mc Memphis 85, cb 85, Cedar Plains.
Turney, Joseph Simpson, mc univ Vanderbilt 82, cb 82, Hartsell.
Wilson, Abel Roberts, mc Alabama —, cb 87, Hartsell.

Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bradley, Peter Casada, mc univ Kentucky 91, cb 91, Hartsell.
Brindley, Asa Benton, cb 92, Somerville.
Cartwright, Oscar Bishop, mc univ Vanderbilt 80, cb 80, Decatur.
Erwin, Andrew Benton, cb Cullman 86, Grady's Cove.
Gill, Jordan Lawrence, mc univ Louisville, one course, 69, cb 78, Somerville.
Gillespy, James Clarke, mc univ Vanderbilt 81, cb Madison 81, New Decatur.

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Haguebaum, Charles Ellis, Valhermosa Springs.
Hunter, Felix Burwell, mc univ Vanderbilt 81, cb Lawrence 86, Falkville.
Hodges, John Patrick, Danville.
Horton, William Lee, Blue Springs.
Miner, Lucian, mc South Carolina 49, cb 78, Trinity.
Oden, Alexander Hamilton, cb Cullman —, Lawrence Cove.
Ryan, Thomas La Fayette, mc univ Nashville 59, cb 84, Hartsell.
Sams, Eli Marshall, mc Cincinnati, Ohio, 53, Falkville.
Sherrell, Robert Browning, mc Alabama —, Basham's Gap.
Smith, Dean Taylor, mc Chicago 81, cb 82, New Decatur.
Smith, John, Valhermosa Springs.
Smith, John Elisha, mc Cleveland, Ohio, 56, cb 86, New Decatur.
Smith, John Stanhope, mc univ Louisville 47, cb 79, Woodland Mills.
Steers, Willis Wood, colored, mc univ Michigan 88, cb Montgomery 88, Decatur.
Stevenson, Edison David, mc univ Nashville 68, cb 76, Danville.
Vest, David Walter, mc Alabama 91, cb 91, Hartsell.
Winston, David Mason, mc Alabama 86, cb 87, Valhermosa Springs.
Total, 23.

Moved out of the county—Frederick A. Burnum from Flint, and Simeon Madison Wilhite, from Madison to Texas; Samuel Lile, from Trinity to Virginia; Enoch James Conyngton, from Decatur to parts unknown.

PERRY COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, William B. Jeffries; Vice-President, Offa L. Shivers; Secretary, Grattan B. Crowe; Treasurer, Elias B. Thompson; Health Officer, Offa L. Shivers. Censors—Charles A Wilkerson, William B. Jeffries, John M. Sadler, James H. Houston, Grattan B. Crowe.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barron, William Rowan, mc univ Virginia 61, cb 78, Marion.
Crowe, Grattan Bradley, mc Alabama 87, cb Bibb, 87, Marion.
Downey, William Thomas, cb 78, Folsom.
Houston, James Hiram, mc univ Pennsylvania 48, cb 78, Uniontown.
Jeffries, William Bennett, mc univ Washington, D. C. 75, cb 78, Marion.
Moseley, David Orion, mc univ Washington, D. C. 72, cb 78, Perryville.
Pou, James Rufus, mc South Carolina 54, cb 78, Uniontown.
Sadler, John Milton, mc univ Louisiana 73, cb 78, Uniontown.
Shivers, Offa Lunsford, mc univ Louisiana 72, cb 78, Marion.
Simpson, John Lee, Uniontown.
Thompson, Elias Benson, mc univ Louisiana 69, cb 78, Marion.
Vaughn, Frederick Barber, mc Alabama 71, cb 78, Marion.

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Wilkerson, Charles A., mc univ New York 75, cb 78, Marion.
Wilkerson, William Washington, mc Jefferson 55, cb 78, Marion.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bradfield, John, mc South Carolina 45, cb 78, Uniontown.
Evans, Charles Albert, mc South Carolina 54, cb 78, Bethlehem.
Langhorn, John Miller, mc univ Pennsylvania 48, cb 78, Uniontown.
Mears, John Wesley Nathan, mc univ New York 78, cb 78, Hamburg.
Tucker, James Burwell, mc univ Vanderbilt 78, cb 79, Jerico.
Webb, Lucius DeYampert, mc univ New York 69, cb Hale 78, Scott's Station.
Total, 6.

Moved into the county— Shoolar.

Moved out of the county—Peter H. Dillard, from Jerico to Blockton, Bibb county; John Robert Franklin Dominick, from Jerico to Mississippi; Thomas Ernest Lockhart, from Perryville to Selma.

PICKENS COUTNY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, Henry L. Williams; Vice-President, Thomas H. G. Cook; Secretary, Samuel H. Hill; Treasurer, Samuel H. Hill; Health Officer, Rufus R. Wyatt. Censors—Samuel H. Hill, Thomas H. G. Cook, Victor Savage, Joseph Moody.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Agnew, James Alexander, mc Alabama 74, cb 78, Providence.
Clear, Christopher Columbus, mc Alabama 85, cb 85, Carrollton.
Cook, Thomas Henry George, mc Alabama 86, cb 86, Stone.
Hill, Newton, mc Alabama 79, cb 85, Pickensville.
Hill, Samuel Feuilleteau, mc South Carolina 52, cb 78, Carrollton.
Hill, Samuel Henry, mc univ Louisville 70, cb 78, Carrollton.
Hinton, William Gaines, mc Georgia 50, cb 79, Carrollton.
Moody, Joseph, mc univ Louisville 71, cb 79, Franconia.
Morehead, Henry Clay, mc univ Nashville 69, cb 79, Pickensville.
Peebles, Jesse, mc New Orleans 48, cb 84, Stone.
Quinn, James Madison, cb 80, Beard's.
Savage, Victor, mc univ Vanderbilt 88, cb Fayette 89, Gordo.
Sterling, Samuel Johnston, mc Alabama 61, cb 78, Olney.
Story, Frank, mc Alabama 90, cb 90, Sharp.
Williams, Henry Lawrence, mc Jefferson 53, cb 78, Dunbar, Miss.
Wyatt, Rufus Roland, mc univ Nashville 84, cb 89, Memphis.
Total, 16.

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PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baird, Duke Orleans, cb 78, Coal Fire.
Barnett, J. T., ———.
Brandon, Richard Clifton, cb 88, Gordo.
Duncan, John Francis, mc Alabama 74, cb 78, Beard's.
Gunter, Peter Tittle, mc Memphis 50, cb 79, Coal Fire.
Hancock, Jesse, mc Alabama 75, cb 78, Stafford.
Murphy, Elmore, mc Alabama —, Bethany.
Price, Robert Thomas, mc Alabama 74, cb 78, Lubbub.
Reid, J. H. G., mc univ Louisville 90, cb 92, Stone.
Reid, T. E., ———.
Rickman, John W., cb 78, Stafford.
Sanders, Thomas Henry, cb 79, Garden.
Upchurch, Harvey B., mc Alabama 92, cb 92, Carrollton.
Wimberly, Gilbert Beebe, mc Alabama 92, cb 92, Gordo.
Total, 14.

Moved into the county—J. T. Barnett, T. E. Reid, Harvey B. Upchurch to Carrollton, Gilbert Beebe Wimberly to Stone.

Moved out of the county—William A. Mobley, from Vienna to West Greene, Greene county; A. Newton Steele, from Bethany to Redding, Jefferson county.

Examinations - For the practice of medicine, Drs. J. H. G. Reed, Stone; Harvey B. Upchurch. Carrollton; Gilbert Beebe Wimberly. Certificates awarded.

PIKE COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, John A. McEachern; Vice-President, Pugh H. Brown; Secretary, Charles W. Hilliard; Treasurer, William A Crossley; Health Officer, Charles W. Hilliard. Censors—Thomas J. Mullins, John A. McEachern, Irby W. Hamil, Edward H. Johnson, Josephus S. Beard.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bean, James Madison, mc Bellevue 79, cb Bullock 83, Monticello.
Beard, Josephus Simmons, mc univ New York, 76, cb 79, Troy.
Brown, Pugh H., mc univ New York 54, cb 78, Troy.
Boyd, LeRoy, mc Alabama 87, cb Macon 87, Orion.
Broach, Francis Marion, mc Atlanta 90, cb 90, Ansley.
Carlisle, Charles Mallory, non-graduate 84, Milo.
Crossley, William Andrew, mc South Corolina 54, cb 78, Troy
Dennis, Thomas Heydenfelt, mc Graffenburg 58, cb 78, Olustee Creek.
Dewberry, John Hunter, mc Jefferson 56, cb 78, Brundidge.
Ford, Elchana Gardner, old law 56, Troy.
Hamil, Irby Watson, mc univ Louisville 76, cb 78, Goshen Hill.

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Hendrick, Gustavus, mc univ Pennsylvania 56, cb 78, Brundidge.
Hendrick, Leonidas, mc Atlanta 90, cb 90, Fresco.
Hilliard, Charles Wesley, mc Georgia Reform 61, cb 78, Troy.
Johnson, Edward Harris, mc univ Washington, Md. 69, cb Crenshaw 82, Troy.
McEachern, John Adolphus, mc univ Louisville 89, cb 89, Brundidge.
McSwean, Charles, mc South Carolina 52, cb 78, Brundidge.
Mullins, James Thomas, mc Georgia 72, cb Montgomery 82, Troy.
Total, 18.

Honorary Members.

Colliers, James Marshall, mc univ Virginia 60, cb 78, Troy.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allbritton, George Allen, mc univ Louisville 72, cb Crenshaw 82, Henderson.
Allred, John Park, state board 78, cb 78, Troy.
Borden, James Thomas, mc Atlanta Southern 85, cb 87, Louisville.
Davis, Thomas Jefferson, non-graduate cb 84, Goshen Hill.
Dawkins, N. J., Banks.
Dismuke, Benjamin James, mc Georgia 57, cb 84, China Grove.
Eiland, William Anderson, mc Atlanta 81, cb 84, Henderson.
Foreman, Henry Jefferson, mc Jefferson 58, cb 78, Brundidge.
Moore, Thomas F., Linwood.
Townsend, A. C., China Grove.
Wagner, John Troup, non-graduate, cb Montgomery 78, China Grove.
Total, 11.

Moved into the county—James Thomas Borden, from Louisville, Barbour county to Milo.

Moved out of the county—William Bryan Sanders, from Milo to Ozark.

Examinations—Preliminary to the study of medicine, Oscar Carlisle, Milo; Charles Wesley Hilliard, Troy. Certificates awarded.

For the practice of medicine—Leonidas Hendrick, Fresco. Certificate awarded.

RANDOLPH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, Henry B. Disharoon; Vice-President, Cary W. Taylor; Secretary, Powhatan G. Trent; Treasurer, Powhatan G. Trent; Health Officer, Joseph C. Swann. Censors—Powhatan G. Trent, Stonewall J. Gay, Cary W. Taylor, Joseph C. Swann, Jasper D. Liles.

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NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Clegg, James, mc Georgia Reform 49, cb 89, Almond.
Davis, Samuel John, mc phy and surg Baltimore 85, cb 85, Roanoke.
Disharoon, Henry Beauregard, mc phy and surg Baltimore 85, cb 85, Wedowee.
Duke, Anderson Welcome, mc Graffenburg 49, cb 79, Graham.
Duke, Jefferson Davis, mc Georgia Southern 87, cb 88, Graham.
Guantt, Elbert Tilman, mc Atlanta 76, cb 84, Wedowee.
Gay, Stonewall Jackson, mc Atlanta Southern 88, cb 88, Almond.
Heflin, William Lumpkin, mc Georgia 53, cb 85, Roanoke.
Jordan, Charles Alexander, mc Georgia Southern 84, cb 87, Wheelerville.
Liles, Jasper David, mc univ Louisiana 70, cb 85, Roanoke.
McLendon, Edward Henry, mc Graffenburg 59, cb 79, Rock Mills.
McManus, Michael, non-graduate cb 79, Wedowee.
Pool, Wyatt Heflin, mc Georgia 67, cb 79, Roanoke.
Swann, Joseph Charles, mc Atlanta 90, cb 90, Wedowee.
Taylor, Cary Willis, mc Atlanta 89, cb 89, Wedowee.
Trent, Powhatan Glover, mc Atlanta 88, cb 88, Rock Mills.
Trent, Powhatan Green, mc Jefferson 67, cb 85, Rock Mills.
White, Luther Leonidas, non-graduate cb 79, Roanoke.
White, William Elbert, mc univ Transylvania 40, cb 79, Roanoke.
Total, 19.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Mickle, Charles M., mc Alabama 90, cb 90, Roanoke.
Overby, E. P., Truett.
Total, 2.

Moved out of the county—Joel Albert Gibson, from Lamar to Texas.

Examination—For the practice of medicine, Joseph Charles Swann, mc Atlanta 90, cb 90, Wedowee.

RUSSELL COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, Thomas A. Johnston; Vice-President, Benjamin W. Allen; Secretary, William T. Joiner; Treasurer, William T. Joiner; Health Officer, William B. Prather. Censors—Thomas A. Johnston, Benjamin W. Allen, Henry H. Allen, William B. Prather, Reuben A. Smith.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Benjamin Washburn, mc Atlanta 84, cb 87, Hurtsboro.
Allen, Henry Homer, mc Georgia 83, cb 88, Oswichee.

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Johnston, Thomas Abner, mc univ Tennessee 80, cb Florida 85, Jernigan.
Joiner, William Thomas, mc Atlanta 91, cb 91, Loflin.
Paschal, George Dennis, mc univ New York 72, cb 87, Hurtsboro.
Pitts, Robert Newton, mc Atlanta 90, cb 90, Pittsboro.
Prather, William Butler, mc Atlanta 74, cb 88, Seale.
Smith, Reuben Arnold, mc univ New York 52, cb 87, Hatchechubbee.
Williams, Zachary Walton, mc phy and surg Baltimore 82, cb 87, Glenville.

Total, 9.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Black, Nathaniel Spragins, mc univ New York 61, cb 87, Uchee.
Brooks, John Wesley, college not given, Crawford.
Gilbert, Zachary Walton, mc Atlanta 89, cb 89, Jernigan.
Howard, Thomas Watson, non-graduate, cb 88, Girard.
Jemison, William Washington, mc Georgia —, cb 88, Girard.
Norris, John Pinckney, mc Atlanta 91, cb 91, Uhland.

Total, 6.

Moved out of the county—William C. Hanson, from Marvyn to Auburn, Lee county; William B. Hendrick, from Hutchechubbee to parts unknown.

SHELBY COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, James H. Gunn; Vice-President, Hartrell I. Williams; Secretary, Henry C. McAdams; Treasurer, Henry C. McAdams; Health Officer, Andrew T. Rowe. Censors—Joseph R. Morgan, John H. Williams, James H. Gunn, Wilds Scott DuBose, Andrew T. Rowe, Hartrell I. Williams.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Aker, James Wilson, cb Tuscaloosa, old law, cb 77, Montevallo.
Backus, Henry, old law 53, cb 77, Montevallo.
Blevins, John Richardson, Calera.
Davis, Jefferson, mc Georgia 90, cb 91, Montevallo.
Davis, Ralph, mc Georgia 60, cb Bibb 76, Montevallo.
DuBose, Wilds Scott, mc Atlanta 58, cb 77, Columbiana.
Edwards, David, mc Atlanta 58, cb 77, Wilsonville.
Gunn, James Hamlin, mc Bellevue 69, cb 87, Calera.
McAdams, Henry Clay, mc Alabama 83, cb Mobile 88, Shelby.
Morgan, Joseph Reid, mc univ Louisville 66, cb 77, Shelby Springs.
Oliver, Christopher Carleton, mc Atlanta 69, cb 77, Shelby.
Rowe, Andrew Thomas, mc Georgia 59, cb Lee 77, Columbiana.
Smith, Garland Henry, mc Alabama 89, cb 90, Siluria.

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Williams, John Harford, mc univ Louisville 75, cb 77, Columbiana.
Williams, Hartrell Isaac, mc Alabama 87, cb 87, Shelby.
Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Boyer, John Calhoun, s of m Kentucky 92, cb 92, Wilsonville.
Chandler, E. P., Vincent.
Denson, Eli Forest, mc univ Vanderbilt 79, old law, cb 60, Pelham.
Goodson, Jasper, cb Tuscaloosa, old law, Saluria.
Griffin, Alpheus J., cb 77, Lawley.
Johnson, Joseph Madison, mc univ Vanderbilt 83, cb 83, Pelham.
Johnson, William Rufus Knight, mc Atlanta 80, cb 80, Pelham.
McGraw, Allen Edward, mc univ Louisiana 73, cb 77, Vincent.
O'Harrow, William, Vincent.
Simmons, James Andrew, Harpersville.
Singleton, William Robert, cb Tuscaloosa, old law, Harpersville.
Taylor, James Franklin, mc univ Pennsylvania 85, cb 87, Montevallo.
Tucker, Milton Robert, mc Georgia 60, cb 87, Helena.
Total, 13.

Moved out of the county—Andrew Jackson Farley, from Bridgeton to Irondale, Jefferson county; James Guthrie Fields, from Calera to Gadsden, Etowah county; William Bell Meredith, from Montevallo to Texas; Edward Fisk Upham, from Shelby to Maine.

ST. CLAIR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, Davis E. Cason; Vice-President, Perry G. Dunlap; Secretary, Henry S. Garlington; Treasurer, Henry S. Garlington; Health Officer, George M. Jones. Censors—Davis E. Cason, James M. McLaughlin, John W. Ash.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ash, John Winston, mc univ Louisiana 80, cb 80, Springville.
Bass, John Burrell, mc phy and surg Baltimore 70, cb 79, Ashville.
Cason, Davis Elmore, mc univ Nashville 70, cb 79, Ashville.
Cason, Eugene Presley, mc Alabama 90, cb 90, Ashville.
Cason, James Calvin, mc Memphis 71, cb 79, Coal City.
Crump, James Wells, mc Atlanta 75, cb 80, Steele's Depot.
Dunlap, Perry Gabriel, mc univ Vanderbilt 81, cb 81, Eden.
Garlington, Henry Spright, mc Alabama 87, cb Etowah 87, Ashville.
Jones, George Marshall, mc Jefferson 74, cb 79, Springville.
McLaughlin, James Madison, state board 80, cb 79, Springville.
Steadham, Oliver Marshall, mc Alabama 86, cb Clay 87, Esonville.
Vandegrift, Washington Franklin, mc univ Louisiana 80, cb 80, Branchville.
Total, 12,

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PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Abercrombie, John Patterson, mc Alabama 80, cb Jefferson 82, Cook Spring.
Brewster, Henry Harrison, old law 67, cb 79, Ragland.
Crump, Henry Green, old law 79, Seddon.
Embry, Barnett Linton, mc Atlanta 78, cb 86, Seddon.
Embry, James Carl, mc Georgia 89, cb 90, Kelly's Creek.
Evans, Richard Proctor, old law 67, cb 79, Fairview.
Hamilton, Charles Henry, old law 79, Eden.
Jones, James Hunter, mc Atlanta 55, cb 78, Ragland.
Ware, John Blassingame, cb Clay 79, Springville.
Total, 9.

SUMTER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, Amos L. Vaughn; Vice-President, John N. Gilmore; Secretary, Dudley S. Brockway; Treasurer, Dudley S. Brockway; Health Officer, Dudley S. Brockway. Censors—Jesse C. Houston, Mathew B. Cameron, Thomas J. Brickley, John N. Gilmore, Dudley S. Brockway.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Brickley, Thomas Jefferson, mc univ Vanderbilt 81, cb 81, Gainesville.
Brockway, Dudley Samuel, mc Alabama 78, cb Jefferson 81, Livingston.
Cameron, Mathew Bunyan, mc Alabama 86, cb 86, Sumterville.
Cooper, Samuel Reid, cb 91, Epes.
Gilmore, John Neil, cb 77, Gaston.
Hand, Samuel Patton, mc univ Louisiana 83, cb 83, Coatopa.
Hearn, William Thomas, mc univ Louisville 82, cb 82, York.
Henagan, Darby, mc South Carolina 58, cb 77, Epes.
Houston, Jeese Crawford, mc univ Louisiana 60, cb 77, Belmont.
Marshall, John Buchanan, mc Nashville 72, cb 78, Warsaw.
Vaughn, Amos Lemuel, mc univ Louisville 84, cb 84, Cuba.
Ward, Henry Bascom, mc Alabama 78, cb 78, Cuba.
Young, Oliver Cromwell, mc Northwestern, Mo. 85, cb 85, Almuchee.
Total, 13.

Honorary Members.

Giles, James Hamilton, mc univ Kentucky 57, cb 77, Cuba.
James, William Hamilton, cb 78, York.
Randall, Newton Fox, mc univ Nashville 78, cb 83, Livingston.
Sholl, Edward Henry, mc univ Pennsylvania 56, cb 77, Birmingham.

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Smith, Carlos Green, mc univ Pennsylvania 56, cb 77, Palatka, Fla.
Webb, Robert Dickens, mc univ Virginia 50, cb 77, Birmingham.
Total, 6.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adams, Solomon Charles, mc univ Louisville 80, cb 80, Sherman.
Allison, John Francis, mc South Carolina 75, cb 77, York.
Arrington, Robert Henry, mc univ Louisiana 50, cb 77, Livingston.
Carr, Paul Ellington, mc univ Louisville 91, cb 91, Warrior.
Granberry, Joseph Langley, mc univ Louisville 91, cb 91, Intercourse.
Hale, Robert Hadden, mc univ Louisville 79, cb 80, York.
Harris, Evan Page, mc univ Louisiana 69, cb 70, Rosser.
Henson, John McKenzie, mc univ Pennsylvania 54, cb 80, Coatopa.
Mooney, Jefferson Beri, mc univ Louisville 89, cb 89, York.
Nash, James Toney, mc univ Louisville 80, cb 80, Livingston.
Total, 10.

Moved into the county—Paul E. Carr, from Mississippi to Warsaw; Samuel R. Cook, to Epes; Joseph L. Granberry, from Pushmataha, Choctaw county, to Intercourse; Robert J. Harris, from Choctaw county to Whitfield.

Moved out of the county—Samuel R. Cook, from Epes to Texas; Robert J. Harris, from Whitfield to Jefferson, Marengo county; William H. Sledge, from Livingston to Mobile.

Examinations—To begin the study of medicine, Walter R. McKinney. Certificate awarded.

TALLADEGA COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, Barclay W. Toole; Vice-President, John W. Heacock; Secretary, Harry R. Boswell; Treasurer, Benjamin B. Sims; Health Officer, William F. Thetford. Censors—John T. Harrison, Barclay W. Toole, Harry R. Boswell, George A. Hill, John Dixon.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bailey, John Emmet, mc Alabama 66, cb 86, Silver Run.
Boswell, Harry Rives, mc univ Louisville 74, cb 86, Talladega.
Caldwell, William Drayton, mc univ Vanderbilt 88, cb Lauderdale 88, Kymulga.
Castleberry, William Trice, mc Georgia 72, cb 86, Lincoln.
Dixon, John, mc Jefferson 56, cb 86, Fayetteville.
Donaldson, John Thaddeus, mc South Carolina 67, cb 86, Eastaboga.
Embry, Barnett Linton, mc Atlanta 78, cb 86, Riverside.
Gist, Paul, mc Atlanta 66, cb 86, Talladega.
Gorman, Claiborne H., mc Georgia 56, cb 86, Alpine,

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Harrison, John Tinsley, mc Atlanta 81, cb 86, Munford.
Heacock, John William, mc univ Louisiana 66, cb 86, Alpine.
Hill, George Armstrong, mc Jefferson 70, cb 86, Sylacauga.
Keller, David Cincinnatus, mc univ Pennsylvania 47, cb 86, Talladega.
Lee, Thomas Jefferson, mc univ Vanderbilt 86, cb 87, Childersburg.
McCants, Jason Samuel, mc Atlanta 66, cb 86, Talladega.
Morton, Hartwell Fisk, cb Fayette 84, Childersburg.
Newman, Thomas Reuben, mc univ Vanderbilt —, Talladega.
Rhodes, Edward Davis, mc Georgia 60, cb 86, Alpine.
Sims, Albert Gallatin, mc univ Nashville 60, cb 86, Renfroe.
Sims, Benjamin Birt, mc Jefferson 85, cb Coosa 86, Talladega.
Thetford, William Fletcher, mc univ Louisiana 67, cb 79, Talladega.
Toole, Barclay Wallace, mc univ Nashville 60, cb 86, Talladega.
Wren, Edward Bailey, mc Alabama 90, cb 90, Talladega.
Total, 23.

Honorary Members.

Johnson, Joseph Henry, mc Jefferson 56, cb 86, Talladega.
Mosely, Robert Alexander, mc South Carolina 34, cb 84, Talladega.
Taylor, William, mc univ Louisville 52, cb 86, Talladega.
Total, 3.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brooks, Alpheus Olin, mc Georgia Southern 87, cb Clay 87, Eastaboga.
Coker, Charles Francis, cb Clay 87, Eureka.
Conaway, Magnus Eli, mc univ Vanderbilt 88, cb Coosa 88, Sylacauga.
DuBose, Frank Dudley, Fayetteville.
Groce, Benton Walton, mc Georgia 42, cb 86, Munford.
Hamilton, William Thomas, mc Alabama 80, cb Coosa 80, Jenifer.
Keller, William Carleton, mc univ Vanderbilt 87, cb 87, Sylacauga.
Kelley, William Pace, mc Alabama 84, cb 86, Childersburg.
Pearson, James Emmet, mc Alabama 88, cb 88, Sylacauga.
Powell, Thomas Jefferson, mc univ Baltimore 66, cb 86, Childersburg.
Ray, Lorenzo Ellis, mc univ Louisville 87, cb Clay 87, Alpine.
Sorrell, William Henry. cb Tallapoosa 82, Childersburg.
Stockdale, John Locke, mc South Carolina 54, cb 86, Talladega.
Total, 13.

Moved into the county—Frank D. DuBose, to Fayetteville; Magnus Eli Conaway, mc univ Vanderbilt 88, cb Coosa 88, to Sylacauga.

Moved out of the county—Joseph Green Powell, from Talladega to parts unknown.

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TALLAPOOSA COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, James A. Goggans; Vice-President, George W. Vines; Secretary, Joseph W. McClendon; Treasurer, Clayton C. Davis; Health Officer, Andrew J. Coley. Censors—George W. Vines, Andrew J. Coley, James A. Goggans, Aaron L. Harlan, Robert V. Salmon.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Carleton, William George, mc univ Vanderbilt 82, cb 82, Dudleyville.
Coley, Andrew Jackson, mc Jefferson 80, cb 81, Alexander City.
Davis, Clayton Crawford, mc Alabama 89, cb Chambers 89, Daviston.
Freeman, Jeremiah Summerfield, non-graduate cb 82, Alexander City
Goggans, James Adrian, mc univ New York 77, cb 82, Alexander City.
Harlan, Aaron LaFayette, mc Alabama 86, cb 86, Alexander City.
Harlan, John Jefferson, mc Alabama 72, cb 82, Hackneyville.
Harper, John Wilson, mc Jefferson 84, cb 84, New Site.
Hart, Eugene Walker, mc univ Baltimore 91, cb 91, Island Home.
Johnson, John Young, mc Graffenburg 54, cb 82, Walnut Hill.
Lightfoot, Robert Wilson, mc South Carolina 62, cb 82, Alexander City.
McClendon, Joseph Wiley, mc Jefferson 88, cb 88, Jackson's Gap.
Nolen, Abner Jackson, mc univ Louisville 80, cb 82, New Site.
Radford, George Clements, non-graduate cb Clay 87, Bulger's Mills.
Reagan, Onslow, non-graduate cb 82, Alexander City.
Salmon, Robert Vaughn, mc Graffenburg 64, cb 87, Dadeville.
Shepard, Orlando Tyler, mc Graffenburg 54, cb 82, Tohopeka.
Smith, Watt Francis, mc Graffenburg 54, cb 82, Thaddeus.
Vines, George Washington, mc univ Tulane 71, cb 82, Dadeville.
Ward, Lucius Cincinnatus, non-graduate cb 82, Daviston.
Watkins, John Milton, mc univ Louisiana 70, cb 82, Camp Hill.
Total, 21.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Banks, Joseph W., Daviston.
Gray, Thomas Marshall, cb Randolph 82, Dadeville.
Hamner, Harper Talliaferro, mc univ Vanderbilt 89, cb Chambers 90, Camp Hill.
Ison, Hartford Lee, mc Georgia Southern 91, cb 91, Daviston.
Jones, Robert O., Tohopeka.
Pittman, Joseph, mc Alabama 91, cb 91, Thornton.
Shepard, Phillip Madison, mc Graffenburg 54, cb 82, Dadeville.
Webb, Charles Starr, mc Atlanta 91, cb 91, Walnut Hill,
Total, 7.

Moved into the county—Aaron LaFayette Harlan, to Alexander City; Robert O. Jones, from Lineville, Clay county to Tohopeka.

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Moved out of the county—Hiram Watkins Bloodsworth, from Dadeville to Gadsden, Etowah county; William Alfonzo Holloway, from Fish Pond to Lauderdale, Coosa county; Adolphus Orlando Tucker, to parts unknown.

Examinations—For the practice of medicine, Eugene Walker Hart, mc univ Baltimore 91, cb 91, Island Home; Hartford Lee Ison, mc Georgia Southern 91, cb 91, Daviston; Adolphus Orlando Tucker; Joseph Pittman, mc Alabama 91, cb 91, Thornton; Charles Starr Webb, mc Georgia Southern 91, cb 91. Certificates awarded.

TUSCALOOSA COUNTY MEDICAL SOCIETY—Birmingham. 1877.

OFFICERS.

President, Joseph L. Fant; Vice-President, Andrew B. C. Nichols; Secretary, James L. Trimm; Treasurer, James Trimm; Health Officer, John B. Read. Censors—James T. Searcy, James L. Fant, James L. Williamson, Oliver H. Burton, Eugene D. Bondurant.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Alfred Sidney, mc univ Alabama 81, cb 81, Cottondale.
Bondurant, Eugene DuBose, mc univ Virginia 83, cb 83, Tuscaloosa.
Bryce, Peter, mc univ New York 59, cb 78, Tuscaloosa.
Burton, Oliver Hearne, mc univ Tulane 87, cb 87, Tuscaloosa.
Clifton, John Montgomery, mc Alabama 88, cb 88, Brookwood.
Elrod, William Washington, cb 78, Sipsy Turnpike.
Fant, Joseph Louis, mc South Carolina 76, cb Marengo 78, Tuscaloosa.
Guin, Joel Benjamin, mc Cincinnati 88, cb Lamar 89, Humphrey.
Hall, William David, mc univ Virginia 91, cb 92, Tuscaloosa.
Heagler, Prewitt LaFayette, mc Alabama 91, cb 91, Samantha.
Leatherwood, Timothy Marcus, mc Alabama 91, cb 91, Cottondale.
Little, John, mc univ Louisiana 69, cb 78, Tuscaloosa.
Lucius, Richard DeKalb, mc Alabama 71, cb 78, Sylvan.
Marlowe, Nicholas Perkins, mc Jefferson 69, cb 78, Tuscaloosa.
Monroe, Dana Elbra, mc Dartmouth 69, cb 89, Vance.
Neilson, Robert, mc Georgia 51, cb 78, Northport.
Nichols, Andrew Barry Crook, mc Philadelphia 69, cb 78, Tuscaloosa.
Norris, Joseph, mc Alabama 91, cb 91, Coaling.
Read, John Branham, mc univ Louisiana 46, cb 78, Tuscaloosa.
Searcy, James Thomas, mc univ New York 67, cb 78, Tuscaloosa.
Somerville, William Glassell, mc phy and surg New York 81, cb 89, Tuscaloosa.
Trigg, Abram Warren, mc Alabama 81, cb 81, Samantha.
Trimm, James Lewis, mc Alabama 81, cb 81, Northport.
Williamson, James Lewis, mc Alabama 78, cb 81, Tuscaloosa.
Wright, Ruffin Ashe, mc univ Virginia 90, cb Sumter 91, Tuscaloosa.
Total, 25.

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PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beatty, Douglass Pearson, mc univ New York 37, cb 78, Hull.
Caldwell, Washington Jackson, cb 84, Hull.
Clements, Allsey, cb 78, Cottondale.
Foster, Ezra, cb Blount 78, Brookwood.
Hester, William, mc univ New York 67, cb 78, Tuscaloosa.
McCord, Charles Richard, cb 80, Marcumville.
Oliver, George, mc Alabama 82, cb 83, New Lexington.
Parker, William Thomas, mc univ Louisiana 60, cb 84, Sylvan.
Thompson, James Wesley, cb 78, Tuscaloosa.
Toomey, Mark Anthony, cb 78, Hagler.
Total, 10.

Moved into the county—Joel B. Guin, from Detroit, Lamar county to Humphrey.

Moved out of the county—Robert Alston Ellis, from Tuscaloosa to Hot Springs, Arkansas; Robert Franklin Gibson, from Tuscaloosa to Florida; Thomas W. Shockley, from Coker to Pickens county; William Jonas Smothers, from Moore's Bridge, to Jasper, Walker county; Blennerhassett Smothers, from Moore's Bridge to Jasper.

For the practice of medicine—Brevett LaFayette Heagler, mc Alabama 91, cb 91; Timothy Miles Leatherwood, mc Alabama 91, cb 91, Cottondale; Joseph Norris, mc Alabama 91, cb 91, Coaling. Cartificates awarded. John C. Davis, mc univ Louisville 91, cb 91. Certificate refused.

Deaths—William A. Cochrane, M. D.,—honorary—mc univ Pennsylvania 39, cb 78, Tuscaloosa, of the grippe; David Lawrence Foster, M. D., Jefferson 57, cb 78, Tuscaloosa, of chronic diarrhœa; James Little, M. D., mc Atlanta 76, cb 78, Tuscaloosa, thrown from buggy.

WALKER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, William C. Rosamond; Vice-President, Richard P. Griffin; Secretary, Andrew M. Stovall; Treasurer, David H. Camak; Health Officer, William C. Rosamond. Censors—Joseph A. Goodwin, William C. Rosamond, Andrew M. Stovall, William L. Gravlee, Charles B. Jackson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ballenger, Joseph William, mc univ Vanderbilt 84, cb Cullman 87, Carbon Hill.
Camak, David Hubbard, old law, cb 71, cb 78, Jasper.
Cunningham, William M., mc univ Vanderbilt 84, cb 84, Corona.
Davis, Daniel M., mc Georgia Southern 89, cb 89, Horse Creek.

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Deweese, Thomas Peters, mc univ Vanderbilt 85, cb 85, Gamble Mines.
Goodwin, Joseph Anderson, mc Alabama 74, cb 81, Jasper.
Gravlee, William Lewis, mc univ Vanderbilt 82, cb 82, Marietta.
Griffin, Richard Parke, old law, 72, cb 81, Coal Valley.
Hendon, Albert Lucretius, old law, 74, cb 81, Townley.
Jackson, Charles Beaufort, mc Atlanta 85, cb Tallapoosa 85, Horse Creek.
Manasco, John, old law, 76, cb 81, Townley.
Miller, Virgil Martin, mc univ Vanderbilt 80, cb 81, Townley.
Rosamond, William Capers, old law, 55, cb 81, Jasper.
Shipp, Marcellus William, mc Alabama 85, cb Fayette 85, Carbon Hill.
Stovall, Andrew McAdams, mc Louisville 80, cb 81, Jasper.
Whitney, Ollis Hillman, mc univ Louisville 90, cb 90, Jasper.
Total, 16.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Doerth, James Kitridge, non-graduate, cb 88, Jasper.
Masterson, William T., mc Louisville 90, cb Franklin 91, Day's Gap.
Phillips, Alfred B., mc univ Vanderbilt 85, cb 85, Horse Creek.
Smothers, Blennerhassett, mc Alabama 85, cb Lamar 85, Jasper.
Smothers, William Jones, mc Alabama 85, cb 85, Jasper.
Stevenson, Hugh W., mc Atlanta, Day's Gap.
Woodson, Loudon Aubrey, mc univ Virginia 61, cb 91, Patton.
Total, 7.

Moved into the county—Blennerhassett Smothers and William Jones Smothers, from Coker, Tuscaloosa county, to Jasper.

Moved out of the county—Robert Scott Woodson, from Patton to parts unknown.

Examinations—For the practice of medicine, Loudon Aubrey Woodson, mc univ Virginia 61, cb 91, Patton; certificate awarded. W. T. Cassley, mc Georgia Southern 91. Certificate refused.

WASHINGTON COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, John W. Wood; Vice-President, ———; Secretary, William E. Kimbrough; Treasurer, William E. Kimbrough; Health Officer, John Gordon. Censors—John W. Wood, John H. Cooper, John Gordon.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Cooper, John Henry, mc Alabama 86, cb 87, Escatawpa.
Gordon, John, mc Ohio 66, cb 87, Healing Springs.

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Kimbrough, William Edward, mc univ Louisville 83, cb 87, St. Stephens.
Peavy, John Francis, mc Alabama 88, cb 91, Fairford.
Webb, Francis Asbury, mc Alabama 81, cb 91, Fairford.
Wood, John Wesley, mc univ Virginia 60, cb 87, Healing Springs.
Total, 6.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Shoemaker, W. W., mc Alabama 92, cb —, Rescueville.
Williams, William A., mc Alabama —, McIntosh.
Total, 2.

Moved out of the county—Thomas R. Lenoir, from Fairford to Wamack Hill, Choctaw county.

WILCOX COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, Lucius E. Starr; Vice-President, John P. Jones; Secretary, Rufus H. Kilpatrick; Treasurer, Rufus H. Kilpatrick; Health Officer, James C. Benson. Censors—Lucius E. Starr, Franklin F. Kimbrough, James C. Benson, Thomas G. Jenkins, Rufus H. Kilpatrick.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adams, David, mc Georgia 68, cb 81, Pine Apple.
Adams, John Blankenship, mc Atlanta 84, cb 84, Pine Apple.
Benson, James Cook, mc Alabama 87, cb 87, Camden.
Bonner, James Isaac, mc Alabama 78, cb 79, Rose Bud.
Crum, Floyd Edward, mc univ Louisiana 73, cb 79, Arlington.
Curtis, Alonzo Bittle, mc Alabama 79, cb 82, Lower Peach Tree.
Curtis, Christopher Columbus, mc Alabama 82, cb 82, Lower Peach Tree.
Dale, William Bonner, mc univ Louisiana 61, cb 79, Allenton.
Dansby, David McAdams, mc Georgia 35, cb 80, Rehoboth.
Dansby, John Quincy, mc Alabama 74, cb 80, Rehoboth.
Gaillard, Edmund, mc South Carolina 30, cb 79, Camden.
Gaston, David Finis, mc univ Louisiana 82, cb 82, Boiling Springs.
Gibson, Albert Madison, mc Alabama 85, cb 85, Lower Peach Tree.
Godbold, John Calhoun, mc Alabama 79, cb 79, Nellie.
Haddox, William Thomas, mc univ Louisiana 58, cb 79, Pine Hill.
Harris, Albert Duggett, mc South Carolina 57, cb 79, Pine Hill.
Harris, John James, Pine Apple.
Jenkins, Thomas Griffin, mc univ Louisiana 48, cb 79, Camden.
Jones, John Paul, mc univ Louisiana 48, cb 79, Camden.

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Jones, Joseph Harvey, mc univ Louisiana 80, cb 80, Allenton.
Jones, Thomas Warburton, mc phy and surg New York 90, cb 91, Camden.
Kilpatrick, Rufus Hall, mc Alabama 88, cb 88, Camden.
Kimbrough, Franklin Flavius, mc univ Louisiana 90, cb 90, Kimbrough.
Lee, Thomas, mc South Carolina 57, cb 80, Furman.
McDaniel, Edward Davies, mc South Carolina 57, cb 79, Camden.
Palmer, Ransom Dabney, mc univ Louisiana 86, cb 86, Furman.
Purifoy, John Howard, mc Jefferson 59, cb 81, Furman.
Purnell, William Thomas, mc Alabama 76, cb 79, Prairie Bluff.
Ramsey, David Wardlaw, mc univ Louisiana 70, cb 78, Pine Apple.
Starr, Lucius Ernest, mc Alabama 61, cb 79, Camden.
Watson, William Walred, mc univ Virginia 87, cb 87, Furman.
Total, 31.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Cole, William, Snow Hill.
Cook, Samuel Benjamin, cb 85, Bethel.
King, Samuel S., mc univ Louisiana —, cb —, Catherine.
Lee, John Francis, cb 83, Allenton.
Weir, James Henry, Boiling Springs.
Total, 5.

Moved into the county—John James Harris, from Tuscaloosa to Pine Apple.

WINSTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, Joseph C. Taylor; Vice-President, William R. Adkins; Secretary, Harvey C. Johnson; Treasurer, Harvey C. Johnson; Health Officer, Joseph C. Taylor. Censors—Joseph C. Taylor, William R. Adkins, Harvey C. Johnson, David Carroll.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adkins, William Riley, cb Tuscaloosa 77, Double Springs.
Carroll, David, cb Blount 71, Double Springs.
Ford, David Benjamin, cb Walker 85, South Lowell.
Johnson, Harvey Calloway, mc Alabama 85, cb 85, Houston.
Taylor, Joseph Calhoun, mc Alabama 85, cb 85, Haleysville.
Total, 5.

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PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bailey, James Watson, cb 85, Houston.
Hood, John Wesley, cb 90, Addison.
Roden, Benjamin Wesley, cb Marion 87, Haleysville.
Total, 3.

Moved out of the county—Thomas Peters Dewεese, from Winston county to Gamble's Mines, Walker county; William L. Gravley, to parts unknown.

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THE ROLL OF THE COLLEGE OF COUNSELLORS.

REVISION OF 1892.

THE GRAND SENIOR COUNSELLORS.

Abernethy, William Henry, Tinela—Tuscaloosa session.....1873
Baldridge, Milton Columbus, Huntsville—Birmingham session...1877
Brockway, Dudley Samuel, Livingston—Mobile session.....1882
Brown, Pugh H., Troy—Huntsville session.....1880
Bryce, Peter, Tuscaloosa—Tuscaloosa session.....1873
Cason, Davis Elmore, Ashville—Huntsville session.....1880
Cochran, Jerome, Mobile—Tuscaloosa session.....1873
Cross, Benjamin Franklin, Decatur—Selma session.....1879
DuBose, Wilds Scott, Columbiana—Montgomery session.....1881
Fletcher, Richard Mathew, Madison—Montgomery session.....1881
Franklin, Charles Higgs, Union Springs—Mobile session.....1882
Furniss, John Perkins, Selma—Mobile session.....1876
Gaines, Vivian Pendleton, Mobile—Selma session.....1879
Gaston, John Brown, Montgomery—Montgomery session.....1875
Goodwin, Joseph Anderson, Jasper—Mobile session.....1882
Hayes, Robert Hughes, Union Springs—Huntsville session.....1880
Hendrick, Gustavus, Brundidge—Montgomery session.....1881
Hill, Samuel Henry, Carrollton—Mobile session.....1882
Hogan, Samuel Mardis, Union Springs—Montgomery session....1875
Hopping, Daniel Stiles, Letohatchie—Birmingham session.....1877
Jackson, Robert Dandridge, Summerfield—Tuscaloosa session...1873
Jackson, Walter Clark, Montgomery—Tuscaloosa session.....1873
Jay, Andrew, Evergreen—Mobile session.....1882
Johnston, William Henry, Birmingham—Montgomery session....1875
Jones, Capers Capehart, East Lake—Montgomery session.....1881
Kendrick, Joel Cloud, Greenville—Mobile session.....1882
Kendrick, William Toulmin, Montgomery—Montgomery session..1881
Ketchum, George Augustus, Mobile—Tuscaloosa session.....1873
Luckie, James Buchner, Birmingham—Mobile session.....1882
McKinnon, John Alexander, Selma—Mobile session.....1876
McKittrick, Adam Alexander, Evergreen—Tuscaloosa session....1873
Means, Thomas Alexander, Montgomery—Eufaula session.....1878
Michel, Richard Fraser, Montgomery—Tuscaloosa session.....1873
Moody, Joseph, Franconia—Mobile session.....1882
Peterson, Francis Marion, Greensboro—Huntsville session.....1880

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Prince, Francis Marion, Bessemer—Birmingham session.....1877
Pritchett, John Albert, Hayneville—Mobile session.....1876
Robertson, Thaddeus Lindlay, Birmingham—Montgomery session.1881
Sanders, William Henry, Mobile—Eufaula session.....1878
Sears, John William, Birmingham—Birmingham session.....1877
Seelye, Samuel Dibble, Montgomery—Montgomery session.....1875
Sholl, Edward Henry, Birmingham—Huntsville session.....1880
Sledge, William Henry, Livingston—Mobile session.....1882
Smith, Daniel Edgarly, Mobile—Mobile session.....1882
Starr, Lucius Ernest, Camden—Selma session.....1874
Stovall, Andrew McAdams, Jasper—Mobile session.....1882
Thetford, William Fletcher, Talladega—Montgomery session....1881
Thigpen, Job, Greenville—Selma session.....1879
Thomas, James Grey, Mobile—Huntsville session.....1880
Wall, Conrad, Forest Home—Huntsville session.....1880
Webb, Robert Dickens, Birmingham—Tuscaloosa session.....1873
Total, 51.

THE SENIOR COUNSELLORS.

Baldwin, Benjamin James, Montgomery—Anniston session.....1886
Bragg, Shirley, Lowndesboro—Greenville session.....1885
Darby, John Isaac, Columbia—Tuscaloosa session.....1887
Goggans, James Adrian, Alexander City—Birmingham session...1883
Goodwin, Albert, Eufaula—Greenville session.....1885
Huggins, Jacob, Newberne—Selma session.....1884
Inge, Henry Tutwiler, Mobile—Greenville session.....1885
Kendrick, Joel Beder, Birmingham—Greenville session.....1885
Lowry, Samuel Hickman, Huntsville—Greenville session.....1885
Nolen, Abner Jackson, New Site—Anniston session.....1886
Redden, Robert James, Sulligent—Tuscaloosa session.....1887
Rushing, Francis Marion, Elba—Anniston session.....1886
Searcy, James Thomas, Tuscaloosa—Selma session.....1884
Trent, Powhatan Green, Rock Mills—Selma session.....1884
Whaley, Lewis, Birmingham--Anniston session.....1886
Whelan, Charles, Birmingham—Greenville session.....1885
Wilkerson, Wooten Moore, Montgomery—Birmingham session....1883
Wilkinson, James Anthony, Flomaton—Anniston session.....1886
Total, 18.

THE JUNIOR COUNSELLORS.

Barnes, Benjamin Shields, Suggsville—Birmingham session.....1890
Binford, Peter, Somerville—Montgomery session.....1890
Camp, Erasmus Taylor, Gadsden—Huntsville session.....1891
Coley, Andrew Jackson, Alexander City—Huntsville session.....1891
Copeland, William Preston, Eufaula—Huntsville session.....1891

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Crook, John Martin, Jacksonville—Mobile session.....1889
Deweese, Thomas Peters, Gamble Mines—Birmingham session..1890
Dowling, Oscar, Columbia—Birmingham session.....1890
Goode, Rhett, Mobile—Mobile session.....1889
Harlan, John Jefferson, Hackneyville—Montgomery session.....1888
Hatchett, James Benton, Athens—Huntsville session.....1891
Heacock, John William, Alpine—Huntsville session.....1891
Hill, Luther Leonidas, Montgomery—Montgomery session.....1888
LeGrand, John Calhoun, Anniston—Mobile session.....1889
Marechal, Edwin Lesley, Mobile—Mobile session.....1889
McWhorter, George Tilghman, Riverton—Huntsville session....1891
Purdon, John Edward, Cullman—Birmingham session.....1890
Rand, Edgar, Leighton—Huntsville session.....1891
Robinson, Christopher Americus, Huntsville—Birm'gh'm session.1890
Stewart, John Pope, Attalla—Huntsville session.....1891
Thomason, William Levi, Guntersville—Birmingham session.....1890
Toole, Barclay Wallace, Talladega—Mobile session.....1889
Wheeler, William Camp, Huntsville—Montgomery session.....1888
Wilkerson, Charles A., Marion—Birmingham session.....1890
Total, 24.

THE COUNSELLORS ELECT.

Blake, Wyatt Heflin, Lineville, Clay county.
Duggar, Reuben Henry, Gallion, Hale county.
Jordan, James Reid, Montgomery, Montgomery county.
Nicholson, Edward Pierson, Valley Head, DeKalb county.
Warren, Allen Love, Kowaliga, Elmore county.
Whitfield, Bryan Watkins, Demopolis, Marengo county.
Wilkinson, John Edward, Prattville, Autauga county.
Total, 7.

Grand Senior Counsellors.....51
Senior Counsellors.....18
Junior Counsellors.....24
Counsellors elect..... 7— 100

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THE ROLL OF THE COLLEGE OF COUNSELLORS BY CONGRESSIONAL DISTRICTS.

On this roll the names of the counsellors are given by congressional districts. It is intended to serve as a guide in the election of new counsellors with a view to the distribution of them in approximate proportion to the number of members in the several districts. It is not considered to be good policy, and it is not considered to be fair and right, to give a few large towns greatly more than their pro rata share of counsellors. The calculations are based on the nearest whole numbers.

THE FIRST DISTRICT.

Names of Counsellors—W. H. Abernethy, B. S. Barnes, Jerome Cochran, Rhett Goode, Vivian P. Gaines, H. T. Inge, George A. Ketchum, E. L. Marechal, W. H. Sanders, W. H. Sledge, D. E. Smith, J. G. Thomas, B. W. Whitfield.

Choctaw,	members	16	counsellors		0
Clarke,	"	12	"		1
Marengo,	"	19	"		1
Mobile,	"	31	"		10
Monroe,	"	15	"		1
Washington,	"	6	"		0
Totals,		99			13

One counsellor to every seven members.

THE SECOND DISTRICT.

Name of Counsellors—B. J. Baldwin, Pugh H. Brown, J. B. Gaston, Gustavus Hendrick, L. L. Hill, W. C. Jackson, Andrew Jay, J. R. Jordan, J. C. Kendrick, W. T. Kendrick, A. A. McKittrick, T. A. Means, R. F. Michel, S. D. Seelye, L. E. Starr, Job Thigpen, Conrad Wall, W. M. Wilkerson, J. A. Wilkinson.

Baldwin,	members	4	counsellors		0
Butler,	"	23	"		3
Conecuh,	"	7	"		2
Covington,	"	8	"		0
Crenshaw,	"	12	"		0
Escambia,	"	12	"		1
Montgomery,	"	32	"		10
Pike,	"	18	"		2
Wilcox,	"	31	"		1
Totals,		147			19

One counsellor to every seven members.

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THE THIRD DISTRICT.

Names of Counsellors—W. P. Copeland, John I. Darby, Oscar Dowling, C. H. Franklin, Albert Goodwin, Robert H. Hayes, S. M. Hogan, F. M. Rushing.

Barbour,	members	17	counsellors		2
Bullock,	"	22	"		3
Coffee,	"	8	"		1
Dale,	"	16	"		0
Geneva,	"	20	"		0
Henry,	"	15	"		2
Lee,	"	10	"		0
Russell,	"	9	"		0
Totals,		117			8

One counsellor for every fourteen members.

THE FOURTH DISTRICT.

Names of Counsellors—John M. Crook, W. S. DuBose, John P. Furniss, John W. Heacock, Robert D. Jackson, Jno. C. LeGrand, John A. McKinnon, W. F. Thetford, B. W. Toole.

Calhoun,	members	36	counsellors		2
Chilton,	"	8	"		0
Cleburne,	"	11	"		0
Dallas,	"	27	"		3
Shelby,	"	15	"		1
Talladega,	"	26	"		3
Totals,		123			9

One counsellor for every fourteen members.

THE FIFTH DISTRICT.

Names of Counsellors—A. J. Coley, Shirly Bragg, James A Goggans, J. J. Harlan, D. S. Hopping, A. J. Nolen, John A. Pritchett, P. G. Trent, A. L. Warren, John E. Wilkinson.

Autauga,	members	10	counsellors		1
Chambers,	"	14	"		0
Clay,	"	18	"		0
Coosa,	"	15	"		0
Elmore,	"	18	"		1
Lowndes,	"	23	"		3
Macon,	"	12	"		0
Randolph,	"	19	"		1
Tallapoosa,	"	21	"		4
Totals,		150			10

One counsellor to every fifteen members.

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THE SIXTH DISTRICT.

Names of Counsellors—Peter Bryce, Samuel D. Brockway, Thomas P. Deweese, Joseph A. Goodwin, S. H. Hill, Joseph Moody, R. J. Redden, James T. Searcy, A. M. Stovall.

Greene,	members	11	counsellors		0
Fayette,	"	9	"		0
Lamar,	"	9	"		1
Marion,	"	14	"		0
Pickens,	"	18	"		2
Sumter,	"	18	"		1
Tuscaloosa,	"	23	"		2
Walker,	"	16	"		3
Totals,		113			9

One counsellor for every twelve members.

THE SEVENTH DISTRICT.

Names of Counsellors—Wyatt H. Blake, D. E. Cason, E. T. Camp, E. P. Nicholson, John E. Purdon, John P. Stewart, W. L. Thomason.

Cherokee,	members	11	counsellors		1
Cullman,	"	14	"		1
DeKalb,	"	14	"		1
Etowah,	"	12	"		2
Franklin,	"	15	"		0
Marshall,	"	9	"		1
St. Clair,	"	12	"		1
Winston,	"	5	"		0
Totals,		92			7

One counsellor for every thirteen members.

THE EIGHTH DISTRICT.

Names of Counsellors—M. C. Baldridge, Peter Binford, B. F. Cross, R. M. Fletcher, J. B. Hatchett, S. H. Lowry, G. T. McWhorter, Edgar Rand, C. A. Robinson, W. C. Wheeler.

Colbert,	members	13	counsellors		1
Jackson,	"	14	"		0
Lauderdale,	"	12	"		0
Lawrence,	"	15	"		1
Limestone,	"	10	"		1
Madison,	"	18	"		5
Morgan,	"	14	"		2
Totals,		96			10

One counsellor for every ten members.

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THE NINTH DISTRICT.

Names of Counsellors—R. H. Duggar, Jacob Huggins, W. H. Johnston, C. C. Jones, J. B. Kendrick, J. B. Luckie, F. M. Peterson, F. M. Prince, T. L. Robertson, J. W. Sears, E. H. Sholl, R. D. Webb, Charles Whelan, Lewis Whaley, Charles A. Wilkerson.

Bibb,	members	7	counsellors		0
Blount,	"	13	"		0
Hale,	"	13	"		8
Jefferson,	"	71	"		11
Perry,	"	14	"		1
Totals,		118			15

One counsellor for every eight members.

GENERAL SUMMARY.

The whole number of members in the state is 1,061, and the whole number of counsellors is 100. This gives one counsellor for every 10.61 members. For convenience, we say, one counsellor to every ten members, about.

The first district, with 99 members, and 13 counsellors, has just the number of counsellors it is entitled to.

The second district, with 147 members and 19 counsellors, has four counsellors more than it is entitled to.

The third district, with 117 members and 8 counsellors, has three counsellors less than it is entitled to.

The fourth district, with 123 members and 9 counsellors, has three counsellors less than it is entitled to.

The fifth district, with 150 members and 10 counsellors, has five counsellors less than it is entitled to.

The sixth district, with 117 members and 9 counsellors, has two counsellors less than it is entitled to.

The seventh district, with 93 members and 7 counsellors, has two counsellors less than it is entitled to.

The eighth district, with 96 members and 10 counsellors, has just the number of counsellors it is entitled to.

The ninth district, with 118 members and 14 counsellors, has two counsellors more than it is entitled to.

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THE ROLL OF CORRESPONDENTS.

REVISION OF 1892.

Bozeman, Nathan, M. D., New York.....1889
Garnett, A. F., M. D., Hot Springs, Ark.....1875
Hoffman, John Richardson, M. D., Athens, Ala.....1890
McDaniel, Edward Davies, M. D., Camden, Ala.....1889
Mitchell, William Augustus, M. D., Eufaula, Ala.....1891
Moses, Gratz A., M. D., St. Louis, Missouri.....1874
Osborn, Thomas Childress, M. D., Cleburne, Texas.....1885
Phillips, N. D., M. D., Gainesville, Florida.....1876
Richardson, Nicholas Davis, M. D., Nashville, Tenn.....1882
Rorex, James Polk, M. D., Scottsboro, Ala.....1891
Summers, Thomas O., M. D., Chicago, Ill.....1875

THE ROLL OF OFFICERS.

REVISION OF 1892.

PRESIDENT:

JAMES THOMAS SEARCY, M. D.....Tuscaloosa.

VICE-PRESIDENTS:

Senior—JACOB HUGGINS, M. D.....Newberne.
Junior—BARCLAY WALLACE TOOLE, M. D.....Talladega.

SECRETARY:

THOMAS ALEXANDER MEANS, M. D.....Montgomery
Term expires 1893.

TREASURER:

WALTER CLARK JACKSON, M. D.....Montgomery.
Term expires 1893.

THE BOARD OF CENSORS AND COMMITTEE OF PUBLIC HEALTH.

Sanders, William Henry, Mobile.....1892–1897
Seelye, Samuel Dibble, Montgomery.....1892–1897
Baldwin, Benjamin James, Montgomery.....1891–1896
Bryce, Peter, Tuscaloosa.....1891–1896
Ketchum, George Augustus, Mobile.....1890–1895

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Whelan, Charles, Birmingham.....1890–1895
Sholl, Edward Henry, Birmingham.....1889–1894
DuBose, Wilds Scott, Columbiana.....1889–1894
Cochran, Jerome (Senior Censor), Mobile.....1888–1893
Gaston, John Brown, Montgomery.....1888–1893

ORATOR:

GLENN ANDREWS, M. D.....Montgomery.

ALTERNATE ORATOR:

WILLIAM GEORGE BIBB, M. D.....Montgomery.

MONITOR:

WILLIAM HENRY SANDERS, M. D.....Mobile.

STATE HEALTH OFFICER:

JEROME COCHRAN, M. D.....Mobile.
(Official residence, Montgomery, Alabama.)
Term expires 1894.

PLACE OF MEETING—SELMA.
Time of meeting, third Tuesday in April, 1893.

THE SCHEDULE OF REGULAR REPORTERS.

SESSION OF 1893.

THOMAS WILLBORN AYERS, M. D., Jacksonville—
Progress of Medicine.

EUGENE DUBOSE BONDURANT, M. D., Tuscaloosa—
Insanity in Alabama.

RUSSELL MCWHORTER CUNNINGHAM, M. D., Pratt Mines—
The Negro as a Convict.

LUTHER LEONIDAS HILL, M. D., Montgomery—
Progress of Surgery.

THOMAS DUKE PARKE, M. D., Birmingham—
Continued Fevers in Birmingham.

JOHN ALBERT PRITCHETT, M. D., Hayneville—
Tuberculosis in the Negro.

ISAAC LA FAYETTE WATKINS, M. D., Montgomery—
Gynæcology.

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SCHEDULE OF THE ANNUAL SESSIONS SINCE THE ORGANIZATION IN 1868.

Selma—Albert Gallatin Mabry.....1868
Mobile—Albert Gallatin Mabry.....1869
Montgomery—Richard Fraser Michel.....1870
Mobile—Francis Armstrong Ross.....1871
Huntsville—Thomas Childress Osborn.....1872
Tuscaloosa—George Ernest Kumpe.....1873
Selma—George Augustus Ketchum.....1874
Montgomery—Job Sobieski Weatherly.....1875
Mobile—John Jefferson Dement.....1876
Birmingham—Edward Davies McDaniel.....1877
Eufaula—Peter Bryce.....1878
Selma—Robert Dickens Webb.....1879
Huntsville—Edmund Pendleton Gaines.....1880
Montgomery—William Henry Anderson.....1881
Mobile—John Brown Gaston.....1882
Birmingham—Clifford Daniel Parke.....1883
Selma—Mortimer Harvey Jordan.....1884
Greenville—Benjamin Hogan Riggs.....1885
Anniston—Francis Marion Peterson.....1886
Tuscaloosa—Samuel Dibble Seelye.....1887
Montgomery—Edward Henry Sholl.....1888
Mobile—Milton Columbus Baldridge.....1889
Birmingham—Charles Higgs Franklin.....1890
Huntsville—William Henry Sanders.....1891
Montgomery—Benjamin James Baldwin.....1892

THE SCHEDULE OF THE ANNUAL ORATORS.

Gaston, John Brown—Mobile session.....1869
Ketchum, George Augustus—Montgomery session.....1870
Anderson, William Henry—Mobile session.....1871
Weatherly, Job Sobieski—Montgomery session.....1872
Jordan, Mortimer Harvey—Tuscaloosa session.....1873
Seelye, Samuel Dibble—Selma session.....1874
Ketchum, George Augustus—Montgomery session.....1875
Michel, Richard Fraser—Mobile session.....1876
Fournier, Edmund Henry—Birmingham session.....1877
Riggs, Benjamin Hogan—Eufaula session.....1878
Mitchell, William Augustus—Selma session.....1879

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Baker, Paul DeLacy—Huntsville session.....1880
Baldridge, Milton Columbus—Montgomery session.....1881
Bryce, Peter—Mobile session.....1882
Sholl, Edward Henry—Birmingham session.....1883
Sanders, William Henry—Selma session.....1884
Searcy, James Thomas—Greenville session.....1885
No oration delivered—Anniston session.....1886
Huger, Richard Proctor—Tuscaloosa session.....1887
Baldwin, Benjamin James—Montgomery session.....1888
Coleman, Ruffin—Mobile session.....1889
Inge, Henry Tutwiler—Birmingham session.....1890
Riggs, Edward Powell—Huntsville session.....1891
Wyman, Benjamin Leon—Montgomery session.....1892

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THE OBITUARY RECORD.

BALDWIN COUNTY—Origen Sibley Holmes, M. D., mc Alabama 86, cb 89, Hurricane Bayou.

BLOUNT COUNTY—John Henchia Willoughby, M. D., cb 78, Garden City.

BULLOCK COUNTY—William Aurelius Mayes, M. D., mc Georgia 55, cb 85, Midway, of angina pectoris, November 22, 1891.

CHAMBERS COUNTY—Charles Franklin Perry, M. D., mc Atlanta 78, cb 82, La Fayette, of jaundice.

CONECUH COUNTY—Aaron Pinson Feagin, M. D., mc Atlanta 60, cb 84, Brooklyn, of cancer of the foot.

COOSA COUNTY—Richard Jasper Crowson, M. D., mc univ Vanderbilt 82, cb 82, Weogufka, of abscess of the liver.

DALE COUNTY—David Robert Moody, M. D., Wicksburg.

DALLAS COUNTY—Jette Thomas West, M. D., mc univ Virginia 63, cb 78, Selma, of hepatic dropsy.

DEKALB COUNTY—Abbott Milton McWhorter, M. D., Junior Counsellor of 87, mc Atlanta 57, cb Cherokee 86, Gaylesville, of inflammation of the liver.

HALE COUNTY—William McNeil Wedgeworth, M. D., mc phy and surg Baltimore 84, cb Sumter 85, Newbern.

HENRY COUNTY—George Washington Brooks, M. D., mc Atlanta 58, cb 89, Dothen; John Thomas Fowler, M. D., mc South Carolina 83, cb 83, Shortersville.

JEFFERSON COUNTY—Ernest Maltravers Blakeley, M. D., colored, Birmingham; William Purifoy Bergamy, M. D., mc Jefferson 55, cb 80, Birmingham; Jesse Ward, M. D., mc Atlanta 78, cb 88, Partridge.

LAWRENCE COUNTY—Littleberry Herndon Binford, M. D., mc Jefferson 51, cb 78, Courtland, Nov. 6, 1891, of nervous exhaustion; Bryan Obian Masterson, M. D., mc univ Indiana 59, cb 78, Avoca, of angina pectoris.

LEE COUNTY—William Alexander Snipes, non-graduate, Beulah.

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LOWNDES COUNTY—Daniel Haygood, M. D., mc South Carolina 59, cb 78, Mt. Willing.

MADISON COUNTY—John Jefferson Dement, M. D., mc univ Pennsylvania 53, cb 78, Huntsville, Grand Senior Counsellor of 1873, at Lithia Springs, Georgia, Aug. 10, 1891, of paralysis of the heart.

MARENGO COUNTY—Henry Walter Morgan, M. D., mc Alabama 73, cb 78, Dayton, of suicide; James Webb, M. D., mc univ Pennsylvania 42, cb 78, Faunsdale, of inflammation of the bowels.

MOBILE COUNTY—Caleb Toxey, M. D., mc univ Pennsylvania 60, cb 78, Correspondent, Mobile.

MONTGOMERY COUNTY—John Foote Johnston, M. D., mc South Carolina 48, cb 78; Myles Jefferson Greene, M. D., mc Jefferson 51, cb Lee 81; Job Sobieski Weatherly, M. D., mc univ New York 44, cb 78, Grand Senior Counsellor 1873, Montgomery.

TUSCALOOSA COUNTY—William A. Cochran, M. D., honorary, mc univ Pennsylvania 39, cb 78, Tuscaloosa, of the grippe; David Lawrence Foster, M. D., mc Jefferson 57, cb 78, Tuscaloosa, of chronic diarrhœa; James Little, M. D., mc Atlanta 76, cb 78, Tuscaloosa, thrown from buggy.

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THE APPENDIX

OF

MEDICAL AND SANITARY DISSERTATIONS

AND REPORTS.

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THE ANNUAL ORATION.

BY BENJAMIN LEON WYMAN, M. D., BIRMINGHAM.

Member of the Medical Association of the State of Alabama.

Gentlemen of the Medical Association of Alabama,

Ladies and Gentlemen:

I must confess a feeling of embarrassment in appearing before this large and cultivated audience in obedience to a custom which calls for an address at the annual meeting of our Association. I am deeply sensible of the distinguished honor you have in your partiality conferred in electing me to represent you upon this occasion. I must therefore ask your kind indulgence while I undertake to discharge the responsible duties of the hour.

My embarrassment is greatly increased, when I recall the long list of distinguished members whom you have honored in the past; men who have charmed you with their eloquence and learning; men who have with zealous care watched the growth of this Association from its earliest days, and who have by their labors made it second to no other medical organization in America.

I have but to mention the name of one, the name of the lamented Paul DeLacy Baker, the silver tongued orator physician of Barbour county, and there is not one of you who does not remember the fresh inspiration of the impassioned speaker, the flash of the eye, the thrill of that voice that surprised us and led us all captive. Will you ever forget the beautiful tribute which he paid to lovely woman, when with burning eloquence he showed what he considered her proper sphere in life and the relation which she should occupy with reference to the medical profession and opposed

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her entrance as an active participant in our labors and rewards?

Gentlemen of the Association, I extend to you my congratulations upon the advent of another year in the history of this Association. You have gathered here from every quarter of the State, as the medical representatives of the commonwealth of Alabama to consult together with regard to the best means of promoting the health and happiness of the people whose servants and guardians you are. I am very thankful that we are permitted to meet again in this hospitable city of Montgomery and to renew the pleasant and cordial relations which have always existed between the members of the Medical Association of Alabama and the good people of Montgomery.

Our lines are indeed cast in pleasant places; I confess a feeling of worthy pride that it is my privilege to raise my voice in this, the capital city of Alabama, a city which we all love and around whose hearth-stones cluster so many sacred memories, a city justly distinguished for the broad culture and general intelligence of her men and the beauty and refinement of her women.

Here we stand upon historic ground. Here have lived many distinguished men whose names adorn the pages of American history. It was here that the budding genius of a Sims first became manifest. Here lived the distinguished William O. Baldwin, one of the earlier presidents of the American Medical Association, a man whose fame extended far beyond the confines of his own State, and whose influence will ever pervade the profession which he so much adorned.

The place and the occasion, with the large number of lovely women I see here to-night, lend inspiration and give me courage to go forward in the discharge of the duties you have assigned me.

The selection of a subject for an address upon an occasion

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like the present is no easy task. Where the audience is a mixed one as prevails upon occasion of our annual meetings, a physician unaccustomed to appearing in the roll of public speaker, feels more or less restraint, on account of the necessary limitations of the field.

The constitution of the Association limits your orator to a discussion of some subject connected with medicine or the medical profession. I therefore beg the indulgence of the audience while I present a few desultory thoughts gleaned from the harvest field of medical science.

I propose to-night to discuss very briefly a subject which is to-day attracting more attention in the scientific world, and one which promises more brilliant results for scientific medicine, than any other in the wide domain of medical knowledge. I shall speak to you of a new science which is rapidly being developed and which bids fair at an early date to make a complete revolution in many of our ideas with reference to the real cause of many of the more common maladies which affect humanity. I refer to the new science of bacteriology and its relation to the prevention of disease. I trust that the lay members of my audience will bear with me when I begin to speak of the ubiquitous bacteria, those infinitesimal microscopic organisms which fill the air we breathe, the earth upon which we stand, as well as the raiment we wear and the food which sustains life. In the discussion of the part which those organisms play in the development and propagation of disease, I cannot hope in the short time allotted to me to do more than mention some of the general principles which have been reached by late scientific investigation.

No more important or engaging theme could command the attention of the medical profession and the community, than that which relates to the causation of disease by these minute organisms; so interesting is this field and so full of promise of practical and far reaching benefit to man, that

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scientific men all over the civilized world are patiently and eagerly studying the disease-producing germs.

I am convinced that our lay brethren are sufficiently interested in this new and wonderful science of bacteriology to bear with me for a short time while I endeavor to show what the new science has accomplished in the advacement of scientific medicine. The mysterious veil which for so many years hung over some of the most terrible of human maladies is gradually being drawn aside, and to-day we stand face to face, with known and understood, and no longer, with mysterious and incomprehensible foes.

The knowledge gained by the study of bacteriology has given us more exact methods of preventing and healing diseases, and the saving of human life which has already followed from the elucidation of scientific principles already established, is incalculable.

There can be no question in the mind of one who has been an observer of current scientific thought of the day, that medical science has made more rapid strides in the past decade than at any other period in her history, and no department has been studied with such zeal and such gratifying results as that which relates to the causation and prevention of disease.

The most important of these results is the knowledge we have gained, that a large proportion of the causes of sickness and death is removable.

The hope of preventing misery and disease, even in the dim dawn of this new day, is bright and cheering indeed, and the science of medicine has entered upon a new and a brilliant epoch in her history.

It is conceded to be the duty and privilege of the medical profession to educate as far as possible the public in all matters pertaining to the preservation of human life, and all efforts to prolong human life and add to the sum of human happiness will be most intelligently applied when a full

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knowledge of the agencies which cause disease are well understood.

The forces of civilization work hand in hand for the common good. What has scientific medicine in the past contributed to the good of society! What has become of those terrible epidemics of the plague, described by Thucydides and Procopius, and later by Defoe, which devastated Athens and London and in the time of Justinian, are said to have continued for thirty years and to have destroyed a million of human lives!

With the advance of civilization and the knowledge of the laws of hygiene, that fell malady, the plague, has entirely disappeared from the face of the earth.

We hear no longer of the dread of that terrible fiend cholera, represented by painters and poets as a "fell hag, who, with pallid cheek and lurid glare marched, torch in hand, into the very heart of the great seaports of the world, sowing death and destruction broadcast in her path."

It is to a great extent limited, controlled, and almost imprisoned in that far off eastern land of Asia, where the dread demon seems to be making a last fight for existence.

What has quarantine accomplished in removing from our borders that yellow scourge of God which, only a few years ago, made its home in many of our fair southern cities and carried death and desolation into many happy homes! This has been almost entirely controlled by a rigid system of quarantine, and if the system recommended by our distinguished state health officer be carried out, we may look forward to the day when the dread disease will be driven entirely from our borders.

What shall be said of that loathsome disease, small-pox, the destroyer of life and beauty, which, an hundred years ago, destroyed a million of human lives, decimated entire cities and, entering almost every household, laid its cruel and relentless hand upon the young as well as the old, and

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doomed many a fair and lovely woman to death or disfigurement! This is now almost entirely controlled by vaccination. Such are some of the signatures and symbols that mark the triumphant march of the healing art along the centuries of time. As we recall the wonderful achievements of scientific medicine in the past, we note that one of the greatest discoveries which have been made in recent years is the knowledge we have gained that many diseases are conveyed from individual to individual through the medium of germs. Science has demonstrated that many diseases are perpetuated in this way, and that by the destruction of these germs the effects to which they give rise may be prevented.

The scientific world has watched with keen interest the growth of an entirely new branch of knowledge, the principles of which have been elucidated by workers in many fields of knowledge, and results of the greatest practical value have followed the outcome of discoveries which at first seemed mere theories. What is known as the germ theory of disease, or the propagation of diseases by living germs or micro-organisms, has for a long time been accepted as the cause of many of our common and fatal maladies. But it is only in the past decade that the bacteria, which grow and multiply in the body and produce deleterious results, have been studied and understood.

The events of the past year have brought the new science of bacteriology prominently before the medical profession and the public. The announcement, which it seems was somewhat prematurely made, that the eminent scientist and German physician, Prof. Koch, had discovered an antidote to the ravages of consumption, startled the whole civilized world.

In studying these lowest and smallest forms of life, the bacteria, we find that they are a group of lowly plants, so small as to be quite invisible to the naked eye, and have

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been, until a few years, entirely unknown to man. They are so small and so simple in their structure and activities that for a long time science could not decide whether they belonged to the animal or vegetable kingdom. Prudden, in his interesting little book "The Story of the Bacteria," tells us that they are in general so small that we can hardly form a conception of them except by comparison with some well known object.

One of the most common of the bacteria is a little rod, so small that if you were to put fifteen hundred of them end to end they would hardly reach across the head of an ordinary pin. When the conditions are favorable they may increase in number to a degree limited only by their surroundings, and so rapid is this process of reproduction that a single germ by this growth and subdivision may give rise to more than sixteen and one-half million of similar organisms within twenty-four hours.

Let not your souls be troubled by this statement, for the law of the survival of the fittest and the influences of environment, have kept these prolific organisms so well in check that the world has grown very old and man well advanced in experience and skill before he recognized these his microscopic contemporaries.

When that mysterious group of activities which we call life ceases to be manifest in animals and plants alike, that process which we know as putrifaction and decay begins, by which the old combinations of matter are broken up and the material set free for the use of other beings.

It is the bacteria that tear these old organic compounds asunder, and uses them to suit their own needs and turn the rest over to their earthly neighbors who are higher advanced in the scale of being. It was formerly believed that the bacteria could spring into being whenever the conditions were favorable, but the idea of spontaneous generation has long since been abandoned. Science teaches that every living

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thing comes from some pre-existing living thing. The dogma "*omne vivum ex ovo*" holds true as well among the bacteria as among more highly organized beings.

The bacteria are found everywhere in nature, but are most abundant where putrifaction and decay are going on. They are also present where any form of life can exist, either in a dry or in an inactive state, and where food and moisture are present, they grow and multiply according to the nature of their surroundings.

Thus it is seen that these invisible tenants of the air obey the same natural laws which control more highly organized beings and are influenced by the same natural forces. We see this demonstrated in their destruction by extremes of temperature, in their development and perpetuation by the same laws of evolution as those which influence and control the higher species, and it is here that we observe the harmony of natural laws in the designs of nature. This thought has been beautifully expressed by Goethe, when he says:

"Oh, how the spell before my sight
Brings nature's hidden ways to light.
See, all things with each other blending,
Each to all its being lending,
All, on each, in turn depending,
Floating, mingling, interweaving.
Rising, sinking, and receiving,
Each from each, while each is giving
On to each, and each relieving
Each; the pails of gold, the living
Current through, the air is heaving
Balanced worlds on change depending,
While everywhere diffused is harmony unending."

It thus appears from what has been said that the roll of the bacteria in nature, though silent and humble, is highly important, inasmuch as they are indispensable and necessary to a continuance of all the higher forms of life upon the earth.

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It may be interesting to note in passing, the manner in which the bacteria are studied. These infinitesimal creatures may be grown and cultivated in an artificial medium in a state of absolute purity, just as a peculiar kind of rose may be grown in a garden. All that is necessary is to find some transparent solid substance which is suitable soil for bacterial growth. By the use of the various soils or culture media, as they are termed, the bacteriologist studies the mode of growth of the various species of micro-organisms together with their forms when seen under the microscope. They are distinguished in this way, one from another. Prof. Koch has devised an ingenious method by which one species alone can be studied without admixture with another. These are called pure cultures. I will not detain you with the details: Let me say only, that the work of studying, describing and classifying the bacteria is moving on with steady pace.

To find and study and describe living beings which no human eye has ever before discovered, and to note their relation to the maladies of the body is a work worthy of the highest philosophy.

Much has been done, but much more remains to be accomplished. Here lies a new world whose shores have been barely touched by the latest explorers.

In studying the various species of the bacteria, we find that some are harmless, but there is a darker side to the picture—a few forms find the most favorable conditions for their growth and development in the bodies of men.

We have learned that some of the most terrible and fatal diseases which affect humanity are caused by the introduction into the human system of these disease-producing organisms. The study of the disease-producing bacteria has paved the way for one of the greatest discoveries in the healing art. I say it without fear of successful contradiction, that of all the triumphs of scientific medicine in modern

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times, there is none which equals the methods now adopted for the prevention of blood poisoning following wounds and surgical operations.

Before the days of antiseptic surgery the mortality following surgical wounds was indeed frightful. Time was when even the slightest wounds were sometimes followed by blood poisoning and death.

Guided by the researches of Pasteur and convinced of the truth of the influence of air ladened with disease-producing organisms, Sir Joseph Lister, the great English surgeon, sought to find some method by which the ubiquitous microbe might be prevented from coming in contact with and contaminating wounds. He found that this was to be accomplished by the most careful and scrupulous attentions to the details of cleanliness, by careful disinfection of the patient's body, the surgeon's hands and instruments, and finally by the use of agents which he had learned had the power of destroying the pathogenic bacteria. He finally introduced and published to the world those perfect antiseptic dressings for the protection of wounds which have made his name and his fame co-extensive with the civilized world.

At the time when Lister published to the world his system of antiseptic surgery, bacteriology did not exist as a science and the micro-organisms which are now known to be the cause of blood poisoning had never been studied or understood. Their existence was even doubted by many men eminent in the practice of surgery. What has antiseptic surgery done for suffering humanity? Surgical operations are now successfully performed which, a few years ago, the surgeon would not have dared to undertake on account of the fatal results which were almost sure to follow under the old methods.

Fractured limbs are now saved which formerly were sacrificed, even if the patient's life was not lost,

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The large cavities of the body and even the brain and spinal cord are now daily invaded by the surgeon's knife and practically with very little danger to life so long as the rigid antiseptic precautions are followed.

It is impossible to estimate the beneficial results and value of these antiseptic methods or to compute the number of lives which are saved.

Let us glance, for a few moments, at another series of experiments of great importance to the science of bacteriology.

The researches of Koch and Pasteur, while not accepted as scientific truth opens up a vast and most interesting field of investigation which promises the most brilliant results for the future of scientific medicine.

The discoveries which these great men have made by their patient and unceasing labors in the laboratory have vastly widened the borders of medical knowledge.

It is now a well established fact that all infectious diseases are produced by specific micro-organisms.

Using the methods which he himself has invented, Prof. Koch, and other observers have succeeded in isolating and describing many of the disease-producing bacteria which affect both man and animals.

Among the number of diseases studied may be mentioned diptheria, cholera, small-pox, typhoid-fever, lock-jaw, and more especially that terrible destroyer of human life, pulmonary consumption. Medical men in the past, had no definite knowledge of the real cause of this disease.

To-day we know that consumption is caused by very minute rod shaped bacteria which in some way or other, usually by the inspired air, gain access to the body in which, if the conditions are favorable, they find lodgement and tend to grow and form about them masses of tissue which in some instances rapidly break down and result in fatal disease.

With the present light before him, the enlightened physician of to-day can detect the bacillus in the very earliest

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stage of the disease and thus is sometimes enabled to stay its progress and by a general tonic regime and by improved hygienic surroundings, so sustain and strengthen his patient that even the hope of ultimate recovery may be entertained or at least of prolonged and comfortable life.

We at least contend with a known and comprehensible foe and look forward to the day which seems near at hand when the invading germs may be destroyed before they do their deadly work.

It is a fact well established in medicine, that an individual who has suffered one attack of a given infectious disease, is for a time, proof against a second attack of the same disease.

Pasteur, guided by this knowledge, began what is known as preventive inoculations.

During the past ten years, the method has proved of immense practicable value.

What discovery is it that has brought the name of Pasteur so prominently before the public?

Who is it that has stood by the bed-side of a victim suffering with that terrible disease, hydrophobia can ever forget the suffering which the unhappy patient has to endure and the desperate struggle which ensues before he finally succumbs to the virulent poison, a poison which, until the announcement was made that a remedy had been found, baffled human knowledge and skill?

Before Pasteur's treatment was applied, the mortality among the people bitten by mad dogs amounted to eighty per cent.. Hundreds of cases are now treated annually in the Pasteur institute in Paris and hundreds of lives annually saved.

The indications are that in a short time bacteriologists will discover means of preventing other infectious diseases by methods based on scientific principles.

The men to whose genius we owe the new science were seeking for truth and gradually gained this knowledge through experiments.

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Hundreds of human lives snatched from death through Pasteur's treatment, thousands of human lives restored to health through perfected systems of medicine and surgery, millions of animals protected against infectious disease; all this has been accomplished by the study of bacteriology.

As we review the advances of medical science in the ages, we find that her progress has been labored and slow. With halting and uncertain steps she has picked her way through gloomy times of mystery, uncertainty and doubt.

At times the light of truth has dawned upon her path, and has cheered her on her way, and with the Harveys, the Jenners, the Hunters and Pasteurs of the world for her companions she has walked with firm steps, until to-day at the close of the century she stands forth as a companion even of the exact sciences. Each generation of her votaries as it passes across the stage of the world's history has left behind some mark as its contribution to the sum of human happiness and that mark has been in the aggregate the result of individual effort.

While it is gratifying for us to recall the brilliant achievements of scientific medicine in the past, much more remains to be accomplished.

The new science, whose fundamental principle I have imperfectly sketched, is but in its infancy. There are many questions which are still obscure, and remain unsettted. What an important subject for study and investigation, and how few are the workers engaged in solving these difficult questions!

The science of medicine in our day has made rapid and wonderful strides, but the advancement is small by comparison with the hope and promise of the near future. In the interesting field of bacteriology America has contributed very little of real value. Let us, however, not be discouraged by this fact, but take up and carry forward the great work which has been begun by our brethren of the old world.

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Let us move forward with no faltering or uncertain steps in our efforts to solve the intricate problem, which underlies the apparent cause of disease.

Let each member of this Association be encouraged by the thought that to some it is given to do great things, and to stand revealed by the stamp of genius. To some by more prolonged and patient efforts to leave an impress, if it be not brilliant, is yet fruitful and enduring, and to any one of us, however obscure may be the path of his life it is permitted to make his mark, to add his contribution to the total sum of a ceaseless progress.

Fellow members of the Association, another year has passed in the history of this organization. We stand midway between a venerable past and a radiant future. What have we done to add to the advancement of scientific medicine. Have we made any contribution which will redound to the honor and glory of our profession? The future is pregnant with promise. We must gird up our loins and with determined purpose and renewed energy go forward in the accomplishment of the work which is set before us.

The rewards of the physician whose happy discovery stamps out a disease which heretofore had destroyed countless human lives comes not from the hand of Kings or Emperors, but from the plaudits of a grateful and appreciative multitude, who say to him in no uncertain tones, thou hast accomplished a great and good work. The consciousness that he has been instrumental in alleviating human suffering and making life less burdensome is better than renown.

It was a heathen philosopher who said "that the consciousness of a well spent life and the recollection of many good deeds performed constitutute the chief happiness of life." It was a loving and trusting woman who said to the great physician, "if thou had'st been here my brother had not died." Every physician, however humble and obscure may

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be his walk through life, may reap his reward from the remembrance of things done and gratitude earned.

This is a fame that fears no law. This is honor which shall shine in undimmed lustre in the everlasting ages. It is better than coronets and crowns. It is more valuable than jewels and gold.

> Ben Adhem had a golden coin one day,
> Which he put out at interest to a Jew.
> Year after year awaiting him it lay,
> Until the borrowed coin two pieces grew
> And these two, four—and people said
> How rich, Ben Adhem is, and bowed the suppliant head.
> Ben Selem had a gold coin that day,
> Which to a beggar asking alms he gave,
> Who went rejoicing on his way.
> Ben Selem died too poor to own a grave,
> But when his soul reached Paradise, angels with pride
> Showed him the wealth to which his coin had multiplied.

Few doctors accumulate wealth on this earth. But we may reap good store of fruit if we will strive each in his turn to lessen the sum of human suffering, so that they who come after us may rise up and thank us. Should the recent investigation of Koch succeed in curing and preventing consumption, what greater renown could he ask than the satisfaction that he has the gratitude of his fellow man.

In conclusion, I thank you for your kind and patient attention. I have tried to give an outline, though imperfect, of a few general principles derived from recent bacteriological research and their relation to preventive medicine. My aim has been accomplished, if I have succeeded in awakening renewed interest in the great questions which are now occupying the attention of the scientific world.

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BACTERIOLOGY IN MEDICINE: ITS USEFULNESS AND SCOPE, AND ESPECIALLY ITS APPLICATION TO PUBLIC HEALTH SERVICE.

BY WILLIAM C. BAILEY, M. D., OF KNOXVILLE, TENN.,

Prof. of the Theory and Practice of Medicine, and Director of the Bacteriolog. Lab. Tenn. Med. Col.; Physician to the East Tenn. Sanitarium, Knoxville; formerly Instructor in Med. in the Post-Grad. Med. Sch. and Hosp. N. Y.; ex-Pres. Central N. Y. Med. Assoc.; ex-Member N. Y. State Com. Hygiene; Member N. Y. State Med. Soc., etc.

DISCUSSED BY

SHELBY C. CARSON, M. D., Bessemer.
SAMUEL D. SEELYE, M. D., Montgomery.

The subject selected has seemed most suitable to present to this body;

First—Because bacteriology is but meagerly comprehended by the profession at large.

Second—Because its importance, we believe, has been established; and, as a distinct branch of medicine, it has been permanently assigned a place.

Third—Because it is the advance column of medical progress; and its advocates, in presenting its principles, would appeal to those, who, by their deeds and voice, are known to have been leaders, advisers, and legislators, in whatever has promised higher medical proficiency, and a more perfected science of healing.

You, gentlemen, may proudly claim a right among such a

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class; and if you, who have had at heart great reformations, have been unable to achieve all you would, have not led every follower of your art to the elevation desired, you have accomplished much, both by your example before other States, and by your enacted laws.

Now, while medical education is receiving so great impetus, especially as regards the value of state supervision of public health by means of appropriate boards; and while many States are, for the first time, demanding educational acquirements of each practitioner, you of Alabama can point to the historic fact that you recognized these necessities a decade and a half ago, and were almost the earliest to enforce action. It is a worthy record, when, out of twenty-eight non-graduates who presented themselves before your board for permission to practice within your boundary, twenty-two were rejected as inefficient. One need not go beyond the limits of this great country to find medical colleges and other examining bodies, whose per cent. of rejection would be somewhat lower; as much lower, possibly, as is their appreciation of what those qualifications should be. It were well, if, among all States, there were distributed more men like your gray-haired senior censor and medical statesman,* who, with you as his co-workers, has aimed to place medicine in Alabama, where Alabama is ranged in the abecedarian roll of her sister States—ever in the lead.

Once, when Robert Koch was the recipient of many expressions of gratitude for his discoveries in micro-organic life, he remarked: "Don't thank me; thank the instrument makers, who, by their improvements in the microscope, have rendered it possible for this hitherto unknown life to be seen and studied."

Man stands in awe before Divine presence, when with one rapid sweep of his intellect, he attempts to view nature from the highest power telescope in the California observatory,

* Jerome Cochran, M. D.

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all the way down to the 1-25 in. O. I. microscope. He is amazed and bewildered at either extreme. We wonder not there are thinking men who doubt the possibilities of both.

In fulfilling the great purposes of the Creator, equally important with the systems of worlds before unobserved, are these minute forces but recently revealed through the microscope.

We are persuaded that the one supreme office of bacterial life, is to deal with cell development or degradation; to serve as "buriers of the organic world;" to reconvert the elements which have ceased to be of service, and are, for the time, dead and useless, into new and living forms (Frænkel).

If this be true, the laws which govern them must be of paramount concern to the physician, who, too, deals with life and death.

Rather than depreciate these forces, then, as we are inclined, forces with which we constantly must contend, should it not be a matter of untold congratulation, that, with a proper understanding, we may use them, or avoid them, as best serves our purpose for good?

It was only by a just comprehension of all this, that Pasteur wrested from the silk worm the parasite that threatened its destruction; that Sir Joseph Lister revolutionized surgery by founding its principles upon cleanliness; and that the etiology and progress of many diseases have been explained.

As it is unnecessary for you to possess all the accoutrements of surgery to successfully perform an operation; as it is not required that you extract the alkaloids of a drug in order to appreciate their proper application as remedial agents; so here, you need not grow cultures; you need not experiment upon animals; you need not equip a complete bacteriological laboratory. You cannot do this. You are not expected to.

Many of you have learned urinalysis in your own office;

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some have become skilled in the principles of auscultation and percussion at the bedside; a few have even acquired a knowledge of the thermometer and hypodermic syringe, since leaving the halls of your Alma mater. As indispensable to your success, are the microscope, and those few essentials that accompany it, in the search for recognized germs. If not as readily, it at least is possible for you to acquire sufficient familiarity with stains, and mounting, and the detection of the germ, to employ these methods in your practice.

It is not a specialist in bacteriology who is honored in addressing you at this time. It is a practitioner speaking to practitioners, who, having availed himself of certain laboratory privileges, has learned of new and unquestioned discoveries, which are of inestimable value in the prevention, diagnosis, and treatment of many important diseases.

If he arouse a desire on your part to further investigate this new field, he will be gratified.

Our first consideration is the essentiality of bacteriology in the daily practice of curative medicine.

Bacteriology may be appropriately denominated a science belonging to preventive medicine, or sanitation, in as much as it seeks the remotest, the exciting cause of certain diseases; those diseases which, by means of micro-organisms, are communicated from one individual to another, or from animals to man, or from air, water or soil to animals or man.

A study of this science is made by means of the microscope, by growing the germ upon favorable media, and watching the action of the same upon animals.

A bacterium is a micro-organism belonging to the lowest forms of the vegetable kingdom, and is closely allied to the algæ. This has been determined from its structure, from its growth, and from its manner of cell-genesis.

An indefinite number has been observed, but no morphological or other classification has, as yet, been agreed upon.

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It usually assumes one of three general forms: rod, hair or pencil-shaped, termed bacillus; globular, termed coccus; and screw-like, or twisted, termed spirillum. Bacilli and cocci are greatest in importance and frequency.

Pathogenic bacteria are those germs, which, introduced into the system, create pathological disturbances. It is to them our attention is at the present moment directed.

Some bacteria are pathogenic in their nature; that is, under favorable conditions to their development, they always produce disease. Others, apparently innocent and ever present in the physiological state of the body, may, under certain pathological conditions, for which they are not responsible, cause disease. We may instance Frænkel's diplococcus. This is domesticated in the saliva, and is harmless; but it may migrate to mucous or serous surfaces, and when one of these surfaces is so altered as to serve as a proper medium for the reception of the germ, the latter changes its nature, and becomes the exciter of an inflammation; if it be in the lungs, of pneumonia; if it be in the meninges, of cerebro-spinal meningitis; if it be in the peritoneum, of peritonitis. Also certain pyogenic, or pus-producing germs, have similar powers. Again, one non-pathogenic bacterium may unite with another non-pathogenic bacterium, and together they may become pathogenic, and hence creators of some malady.

With favorable nutriment and surroundings, these germs proliferate with unexampled rapidity. If the progeny of one pair of Colorado beetles were allowed to increase without interference for a single season, the result would amount to over sixty millions. The successors of one bacterium, undisturbed, may attain that number in twenty-four hours. Were it not for the constant warfare between species, and chemical alterations in their habitat, all other living things would soon succumb to the proliferation of any one of them; all the spaces upon the earth would soon be filled by their multiplication.

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But it is not the quantity of the pathogenic germ alone that may affect the system. In fact, death by this cause, mechanical obstruction, is rare. At times, the number of bacteria present during the progress of a disease is insignificant, yet the results are serious.

Their existence depends upon nourishment, as in all higher forms of life. In the animal economy they demand it mostly from albuminous substances, the material of which cells are built. If they demand more than can be furnished, the penalty is death to the animal or man in which they exist.

But, further, they have the power of excretion. The excretive substances consist of certain chemical products arising from the metabolism of germs, for they are mono-cells. The metabolic bodies partake, often, of the characteristics of the parasite from whose presence they arise. Hence, as the parasite varies, and the product varies, so will the symptoms of the disease. For example, the excretive bodies of the comma bacillus, injected into an animal, will induce many of the symptoms of cholera. These substances, termed ptomaines, are mostly of an extremely poisonous nature, when from pathogenic bacteria, and produce in the system, by their absorbtion in the blood, or otherwise, much of the consequences of disease. Thus, these germs, present in but a single distant portion of the body, may effect serious constitutional disturbances, by the excretive substances which they originate.

Now some bacteria depend upon these ptomaines for nutrition; in other words, they live upon their own excretions; and when, in the process of pathological changes, the latter can no longer be created, the germ of necessity dies. Thus, in tuberculosis of the lungs, the new, granulating, connective tissue, resultant from the presence of the bacillus, is the substance which furnishes the latter its food. When this new tissue becomes narcotic, or, as it is termed, is con-

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verted into coagulation-necrosis, the parasite, having been deprived of its sustenance, dies.

However, it is not always thus. Certain germs having gained entrance into the body, and having found no locality favorable to their growth, may be destroyed immediately; while others, possibly encapsulated, possibly in a sporulation state, may remain for months or even years, effecting no disturbance, until perchance, the medium in which they rest having manifested less resisting force, furnishes a source for their dangerous processes.

Finally, each germ is responsible for a distinct train of symptoms. It has its own life, its own habits, and induces only a disorder, or succession of disorders, for which it is always representative; so that if you be acquainted with it, and can find it, and its location, you have a positive diagnostic proof of the disease it will establish. Thus, the bacillus of tetanus will never cause diptheria; the effect of the germ of hydrophobia will never be anything but hydrophobia; the typhoid bacillus cannot excite typhus.

Some germs are only injurious upon certain tissues, as those of typhoid or cholera, in the digestive tract. Others, again, are instrumental of harm in any portion of the human system. As the bacillus tuberculosis, when confined within the lungs, will cause pulmonary phthisis; in the throat, tubercular laryngitis; in the knee, so-called white swelling; in the spine, Pott's disease; in the hip-joint, tubercular coxitis; in the glands, scrofulosis; in the skin, lupus or leprosy; disseminated throughout the tissues, miliary tuberculosis. But everywhere it creates tubercles, and is always tuberculosis. It cannot generate any other affection, and no other germ can give rise to its characteristic manifestations.

These cursory suggestions may be adequate to intimate to you, gentlemen, the necessity of acquainting yourselves with the actions of a germ within the system, to fully comprehend the evidences of the disease evolved.

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But you must go a step further. You must also study its morphological existence outside the body; for, if possible, you should avoid its entrance thereto.

This will be a study of prevention, in its truest sense. It will be more. Much of interest will await you in this new field; much that you may apply in daily advice and practice. You will wonder you did not appreciate the necessity of learning it before; wonder how you have dared to deal in ignorance with diseases which germs arouse.

One who has not closely followed the bacteriological investigations into the etiology of tuberculosis, for instance, has but a limited conception of how much more is known of this affection than ever before; how much nearer we are to its final eradication.

Bacteriology has demonstrated that there is but one primary source of tuberculosis, and that is the bacillus which bears its name; that the disease is not hereditary, save in the predisposition or susceptibility of the individual to a favorable reception of the germ after birth; that this parasite, rod-like in contour, immotile, and a little shorter in length than the diameter of a red blood corpuscle, has wonderful vitality; that it will resist heat for twenty minutes to 140° F., or ten minutes to 160° F.; that it will remain unaltered for twenty days in putrifying water, alternately thawing and freezing; that it can be caught upon an object glass held over the mouth of a consumptive; that it has been grown in successive cultures to the 107th generation without lessening in the slightest degree its infectious powers; that tubercular sputum, if allowed to dry upon the street, or carpet, or furniture, or clothing, or in the recesses of the dwelling, will in this state retain vitality for an undetermined period, at least many months; that the germ will prove infectious after remaining in milk ten days; in whey and cheese two weeks; in butter a month; in salt meat many

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weeks; that it may be transmitted by the agency of flies; that it may be communicated to swine and fowls, and hence to man through imperfect cooking, by means of expectorations, ejecta, poultices from tubercular ulcerations, and the like, which have been cast upon the soil; that it is especially liable to infect cattle, and so endanger man through milk and meat; and finally that these are some of the known avoidable paths by which the germ is responsible for one-seventh of the deaths in the human family.

Do not these facts demand the enactment of laws which will close such avenues as transmit a fatal germ?

The United States government has placed consumption in the list of contagious diseases, and will not permit the entrance of any emigrant thus affected. Is not the government right?

The International Congress of Veterinary Medicine, meeting in Paris in 1890, adopted the following resolutions, proposed by Arloing: First, bovine tuberculosis should everywhere be classed as an infectious disease, and be under the supervision of the health authorities. Second, animals known to be tubercular should be killed and their meat excluded from the market. Third, milk from tubercular cows should be prohibited. Was not the Veterinary Congress right?

In Dublin, in 1890, five per cent. of all bovine animals slain were tubercular.

In Edinburgh, the per cent. varied, the same year, from 50 to 0.2.

In Berlin, the per cent. varied from 20 to 1.5.

The lowest rate was among open air fed cattle. The highest, among dairy fed cattle, cohabiting in sheds.

Consider for a moment, the knowledge obtained regarding the bacillus of typhoid fever, and apply it in dealing with the disease. This germ will survive three months in stools. Drying increases its resisting powers; and in this state, as

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with the bacillus tuberculosis, it may float in currents of air. It will withstand heat at 112° F. (Rodet), remaining in the water after most other bacteria have been killed. Variations of temperature have no appreciable influence on its growth. It will retain its powers undiminished after remaining long periods in solid blocks of ice. The greater the number of putrefactive bacteria in sewer water, the more rapid will be the destruction of the bacillus typhosus; but if it be allowed to dry upon the inner surface of sewer pipes, it may enter the house with any gas current. It is doubtful if carbolic acid will destroy it. It will live in water, milk, and other food; but, with all pathogenic bacteria, running water will greatly shorten its life. It may hang about the premises, in the house, or in soil, for many months. It passes in enormous quantities with dejecta from intestines, where it proliferates abundantly.

Again, the constant presence of the plasmodium malariæ in the blood of a case of intermittent fever, is an undisputed fact among those who are conversant with the methods of its detection; and serves as positive diagnostic evidence of the disease. It is not difficult to observe in the blood, removed from the end of the finger, within two hours after a chill. It has not been found accompanying any other affection; nor has it been recognized outside the body. It destroys the red blood corpuscle, in which it may mostly be seen, displaying active movements. There are six recognized forms. "The presence of pigment in the blood and viscera, so characteristic of malaria, results from the transformation of the hæmoglobin by the plasmodia." (Osler.) These hematozoa, in a remarkable manner, disappear with the administration of quinia.

"To be able, everywhere, and under all circumstances," says Osler, "to differentiate between malaria and other forms of fevers, is one of the most important advances, which have of late been made in practical medicine." It deserves your profound consideration.

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The attention of the speaker has been directed to two recent medical editorials, both of which doubted the existence of plasmodia in the blood in cases of malaria; and assigned as a reason, that pathogenic bacteria are never found in this fluid. Blood is a good germicide ordinarily, and will so remain for three or four hours after removal. But under certain conditions, it ceases to be able to destroy germs, and may then, itself, be altered by them.

The speaker has observed several forms of pathogenic bacteria in blood immediately after its removal. Dr. Nuttall of Johns Hopkins University, has devised an ingenious method of counting them.

But we must not linger here.

Researches among other micro-organisms have been fully as interesting and attractive. Time will not permit us to review them now.

We must hasten to the second division of your subject, namely, the scope or extent of bacteriology.

Because of antiseptics, which is founded upon the bacterial theory of disease, surgery has become almost an exact science.

Internal medicine is advancing rapidly in the same direction.

Prevention will mostly concern the physician of the near future. It must follow the improved education to which we have alluded.

A pathogenetic investigation is of more value than a pathological, at least to the patient.

Ante-natal causes of disease are of more public significance than post-mortem examinations. Gentlemen, I claim it is easier to prevent than to cure; at least it can be made so. It is cheaper. It is nobler. Prevention is economy. It is more free trade, and it is protection. It is national strength. It is better than great armies to the public weal. It bespeaks a fuller mental and physical development in our children. It is frugality. It is retrenchment.

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"Men know now how great a revenue economy is," said Cicero. This is equally true to-day. Accounts for medical services are said to be often cancelled with reluctance, the reluctance increasing with the latitude of time. But harder still is it, and greater the reluctance, when, with a spirit of generosity and humanity unequaled in any other calling, the physician urges the adoption of laws that will prevent disease, and asks of the people taxation for better drainage, purer water, and the control of contagious and infectious disorders.

One of the greatest powers of resistance against which progress, as represented by State Boards, has to contend, is habit or custom. This city has lived and grown with no health board; the inhabitants of that residence have survived with the old well by the barn; the unventilated rooms will do; carpets must still be worn, and beaten once a year; the defective sewerage pipe may continue to saturate the soil; the consumptive may yet expectorate upon the street, may occupy a sleeper, or kiss a fervent friend; the stables of the dairy may be uncleanly; the milk may be shaken into tyrotoxicon while carried for miles under a hot summer sun; the old paper may remain upon the wall untouched, after the little one has been laid away, a victim of dyphtheria, or influenza; the mill and slaughter house and vault and home may continue upon the hillside that feeds the water courses above the city.

"Habits gather by unseen degrees,
As brooks make rivers, rivers run to seas."

Says Byron:

"My very chains and I grew friends,
So much a long communion tends
To make us what we are; even I
Regained my freedom with a sigh."

Still we are a progressive people, and customs change with each age of man. It is possible for the philanthropist,

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the student, the physician, to say what those customs may be; and it is the duty of each to seize every opportunity to impress the people with what may make them greater, happier, and give them longer lives.

Your custom to annually communicate with the public upon general medical topics, as so admirably carried out last night, is a step in the right direction, and greatly to be commended.

Bacteriological research leads the physician from the limited area of curative medicine at the bedside of one patient, and his immediate surroundings, into the domain of preventive medicine, into all that concerns not only individual life, but the life of the community, state, and nation; thus broadening his usefulness and aim, and himself as well.

Is not the field grand, the scope limitless? Is not the purpose noble? Should we not rejoice that we live to-day? The physician who keeps abreast with the times can scarcely lie down to rest, and resting arise in the morning without finding a new kaleidoscopic light awaiting him. It is becoming as imperative to review one's medical journal at the day's first meal, as to scan one's newspaper; else one may find one's treatment of yesterday will not withstand the test of criticism in the light of to-day. A text book is scarcely out of press, e'er it may be revised. "Each day becomes the scholar of yesterday."

The duty of the future physician, then, will extend further than to deal with the sick. He will have a higher mission which will be paramount. As did the Ancients, so will he worship at the shrine of Hygiea. His laws of action will be,

First, to prevent.

Second, if he cannot prevent, to cure.

Third, if he cannot cure, to alleviate.

Were that goddess of whom we spake a reality to-day, and not a myth; and could you, Hygiea's ambitious fol-

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lowers, gaze upon her, how that face would shine, as with just pride she would point toward the laboratory recently erected in Philadelphia to her memory, and to all that she represents, the first of the kind in these, the United States; and say, as your eyes pierce henceward, "It has been left to you of this generation to be the first in America to found a temple in which to effectually and thoroughly study my laws; for disease is the disobedience or ignorance of those laws."

"Come then, to the fountain's lead,
The task remains to sing
Your gifts. With eager lips
And trembling hands, the languid thirsty, quaff
New life in you; fresh vigor fill your veins;
Feel not the alternate fits of feverish mirth
And sick dejection; still serene and pleased,
Blessed with divine immunity from ills,
Long may you live; your only fate
Be ripe old age; and rather sleep than death."

Dr. Shelby C. Carson.

What I could say on bacteria would not occupy a moment. What I would say concerning the paper just read would fill a volume. The gentleman's manners were so modest, his diction so smooth, eloquent and chaste, his subject-matter so scientific and yet so eminently practical that I cannot forbear expressing my individual thanks as an encouragement to him.

Dr. Samuel D. Seeley.

I know not how to adequately express my appreciation of Dr. Bailey's paper. Those of us who know him knew also that we might expect something good from him, but for one hour he has interested us with an array of facts and principles, and arranged these in such a manner as to make them full

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of suggestions for further thought; and I desire, personally, to thank him for it, and I know that I only voice the sentiments of all present.

I have nothing to add to what he has said in the line of thought which he has given us. But the question comes home to us, what has bacteriology done for us as bedside practitioners? And the answer must be, very little thus far. We are still only on the outer verge of what I trust will, in the future, be developed into a grand increase of an armament against disease.

We know that bacteria requires certain conditions in which to grow and propagate, and a fluid in which they are thriving may be made sterile by the addition of various chemical agents. The fluids of some animals are not fitted to sustain the life of certain bacteria, in fact are germicidal to them. For instance, in the merest trace of splenic fever bacilli will certainly multiply in the body of the rabbit and kill the animal, while much larger quantities are necessary to infect the dog. Again, the bacilli of septicæmia readily multiply in the common mouse, but cannot be made to grow in the field mouse. Such instances can be multiplied, showing the necessity of certain conditions of the animal for the growth of disease germs.

The hope of the future, so far as we are concerned, is that we may be able to so modify the fluids of the human system as to prevent the growth of these disease germs after gaining access into the body. We cannot kill the germs by germicide after they have affected one extreme, but it is possible that we can safely change conditions in the future so as to prevent their development, and that this will be one of the scientific curative results of the study of bacteriology.

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WOUNDS AND DISEASES INVOLVING BOTH ABDOMEN AND THORAX.

BY J. McFADDEN GASTON, M. D., ATLANTA, GEORGIA,

Professor of Principals and Practice of Surgery, Southern Medical College.

The important relations of the viscera lying above and below the diaphragm in their normal state, assume a much greater significance when they become disturbed by wounds or pathological conditions.

Certain parts of the vital organism belong exclusively to the thoracic or to the abdominal region, while other structures extend through the partition, so as to occupy both these divisions. To the latter class belong the aorta, the vena cava, the great sympathetic nerve, the lymphatic system and their respective ramifications. The alimentary mechanism is intimately connected with both compartments, while all the elaborating processes are carried on in the lower division. All the movements and sensations of the body depend upon the supply of nerve power by the medulla spinalis, which, included in its bony casing, sends out its lines of communication, as it descends on the posterior portion of the thorax and abdomen.

If it be allowable to make a figurative comparison of the thorax and abdomen to the upper and lower houses of a legislative body, it may be claimed that all the acts are initiated in the lower house and their final disposition is determined in the upper house. After alimentary matters undergo certain modifications in the selected committee rooms of the lower house they are carried through the regular channel to the upper house for final action and are sent out to serve their purpose in the

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various localities remote from the capitol, thus supplying the several dependent parts.

The physiology of digestion, assimilation and secretion, with the eliminating processes, brings home to us the wire pulling, lobbying and closeting of the politician in getting his schemes through the various committees.

The debris which passes off by the great waste pipe of the digestive apparatus, has a parallel in the exclusion of useless measures from our national council.

But withal there is more harmony between the lower and upper houses of the human body, than usually prevails in the two houses of congress. The beautiful co-ordination of the abdominal and thoracic functions in their normal relations is a striking exemplification of that adaptation of means to an end, which characterizes all the works of our Creator.

With these vascular, lymphatic and nervous communications between the organs included in the upper and lower cavities of the body, we are prepared to understand how the troubles of each may be propagated to the other. While the principle of sympathy between the different structures is a recognized pathological condition, it is explained on the same basis of effects, which characterizes reflex disturbances, and must be accounted for through the interlacing of the nerve filaments.

The ordinary sequence of a local disorder, whether traumatic or idiophatic, is not generally distributed to all the surrounding structures, but in certain directions and by forced channels, to a definite class of tissues, under the influence of pathological laws.

The revolution is notable through which thoracic and abdominal surgery has passed in the last quarter of a century. The favorable results of thoracotomy and laparotomy demonstrate a recuperative power on the part of the pleura and peritoneum, which is well illustrated by a case of extensive wound reported by Brokaw, of St. Louis.

The history of this large opening into the abdomen and thorax, made by a butcher knife, may be given succinctly as presented in the Courier of Medicine.

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Thomas Barry, age 26, shipping clerk, while engaged in a general fight, received two stab wounds, one on the right side extending from the third rib at the costo-cartilaginous junction and severing completely the cartilages of the 4th, 5th, 6th, 7th, 8th and 9th ribs, wounding the lung, and completely severing all the muscular and cartilaginous structures. The thoracic wound extended from the third rib to within an inch of the navel.

The abdominal wound began a little to the right of the navel and extended to within two inches of Poupart's ligament on the left side, the wound having a curved direction, the convexity looking to the right; the length of the thoracic wound was a fraction less than 13½ inches, the abdominal wound a fraction over 6½ inches, with almost complete intestinal evisceration. The physician attending him had superficially sutured the thoracic wound and the exposed intestines were replaced within the abdomen and retained by a few sutures, preparatory to removal to the hospital. The patient was in a condition of profound collapse. Very profuse hemorrhage had been going on, and the breathing was very much embarrassed. No antiseptic precautions had been employed and the mass of intestines was in anything but a satisfactory condition after their exposure and trailing over the dirty floor.

An hour and a half after the cutting, with the assistance of Drs. Mooney and Newman, the patient was prepared for proper surgical attention, and the intestines and viscera were carefully examined. A wound of the mesentery was found below a mass of clotted blood. The knife had turned up a triangular flap from the superior surface of the mesentery. From the base of the triangle three or four large branches of the mesenteric artery began to bleed profusely. These vessels were at once secured, both distally and proximally, and the flap was stitched in place with fine catgut. The amount of blood removed from the vicinity of this wound was fully a pint and a half. The intestines, over which a stream of warm water had been constantly playing, were now completely brought out of the cavity, the abdomen thoroughly flushed

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out by pouring in several gallons of hot water. All particles of dirt and foreign matter which adhered to the intestines were carefully removed, and the abdomen was closed by interrupted suture, with a large size glass drainage tube carried into the pelvis; pressure over the thoracic wound caused oozing of blood with bubbling of air from the middle portion of it.

The sutures were cut and the wound opened in its entirety. On turning out the mass of clots it was found that all the cartilages from the fourth to the ninth inclusive had been entirely cut through.

On examination, the lung was found partially collapsed, and a small wound near the anterior margin was present. The parts were hastily cleansed, and the ends of the cartilages were sutured together with heavy pedicle silk. This procedure effectually arrested the sawing movement of the cartilages with each respiratory effort. All hemorrhage was checked by ligature and gauze packing. Strips of iodoform gauze, two inches wide, were packed between the ribs and the inter-chondral spaces, the ends extending out between the integumental sutures. In placing the sutures, as much of the underlying muscular structure as possible was included. A heavy dressing of sterilized gauze and sublimate cotton was held in place by a broad binder of sheeting. Hot bottles were placed about the patient, the foot of the bed elevated and nitro-glycerine and whisky given hypodermically. The pulse was very feeble, fluctuating in character, and the respiration much embarrassed. The patient was left under the anæsthetic but forty-two minutes. In a few hours he rallied thoroughly. The temperature on the following morning, July 6th, was 100 2.5 deg. and pulse 120 deg., but gradually declined until the 15th, when both were normal. The only ill effect was a ventral hernia, which was controlled by an abdominal support.

A typical case of thoraco-adominal wound occurred under my observation in the early part of 1891, in the person of a young negro man. While engaged in a fight he was stabbed in the left side, the blade of the knife entering above the tenth rib on a line descending perpendicularly from the nipple. It

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passed inward and downward through the pleural cavity, penetrating the diaphragm, and invaded the abdominal cavity. When I was called to him at the Providence Infirmary, some hours after the injury was received, it was ascertained that he had vomited repeatedly from the effects of beer, which he had been drinking. He lay in a semi-conscious state when left alone, but became agitated and violent when disturbed, and was therefore given a hypodermic of morphia gr. ½, atropia gr. 1-150, to secure composure for the surgical procedure.

Upon examination I found a hernial protrusion of the omentum, about the size of a hen's egg, outside of the cutaneous opening. Pressing steadily with my fingers around and above this mass, it was gradually carried back through the external wound. But upon passing my index finger within and following up the tissue of the hernia, it was pressed through an incision in the diaphragm and lodged in the abdominal cavity. As the opening in the diaphragm lay entirely below the opening in the skin it was found practicable to have pressure made effectually by the fingers of an assistant placed below the tenth rib, so as to occlude the incision in the diaphragm and thus prevent the recurrence of the protrusion. I then proceeded to unite the edges of the external wound by suture, passing the needle deeply through the margins of the divided intercostal tissues, thus bringing about a complete coaptation of the wounded thoracic wall.

With a view to compress the abdominal viscera from above downwards, a firm roll of cotton was secured over the wound and the lower ribs by a bandage carried around the waist. The patient was kept under the influence of an opiate in a recumbent position, without taking any fluid into the stomach, and there was no return of the vomiting, which had evidently forced the omentum upwards through the openings in the diaphragm and the chest wall. No unfavorable symptoms followed the injury and upon removing the stitches at the end of a week the external wound had healed completely, by first intention.

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It may be stated that, at the outset, the hernial protrusion and the adjacent surfaces were sponged off with a weak carbolized solution, while my fingers were smeared with vaseline for the pressure, and that the line of union, after putting in the stitches, were dusted over with iodoform.

To what extent blood may have escaped from the inside wounds into the cavity of the pleura or the peritoneum, prior to the omental hernia, could not be known. But the blocking of the openings by the protrusion effectually arrested further bleeding and remaining thus occluded for at least three or four hours, there was no recurrence of hemorrhage after the reduction was effected.

The interesting features of this rare case are that the pleural cavity should have been exposed to the entrance of air without any effect upon the expansion of the lungs, and that an escape of a portion of the abdominal viscera should have occurred through the opening in the diaphragm and found its way out through the opening in the chest wall rather than remain within the thorax.

The inference that the omentum came out immediately upon the withdrawal of the knife is not allowable, as it is clear that it only protruded under the expulsive contraction of the abdominal muscles in the act of vomiting, which occurred subsequently, and hence air must have entered by the chest wound.

The most rational explanation of this double hernia, escaping from the abdomen into the thorax and thence externally, is that the openings made by the knife through the wall of the thorax and the diaphragm, were brought together by the impulse of the contents of the abdomen against the diaphragm carrying it upwards and outwards. With the incisions in contact it was an easy matter for the omentum to pass out through both, just as a stud is passed through two button holes of a shirt sleeve when approximate. The bulging out and engorgement of the part beyond the skin served to keep the protrusion fixed in situ just as the head of a stud holds it in position with the button-holes.

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That so large a segment of the omentum should have been strangulated and exposed for such a length of time, without inducing peritonitis or other serious result, is only an additional proof that the peritoneum can undergo more rough treatment than was formerly supposed, without being followed by inflammation.

The most important class of injuries to the abdominal and thoracic viscera are those inflicted by fire arms. The medico-legal aspect of gun shot wounds arrests attention especially, and the difficulty of determining upon the course of a ball in either of these cavities when only a point of entrance is brought under the observation of the surgeon is generally recognized.

The practical bearing of a case, which was examined in conjunction with several colleagues, warrants a report of the facts presented at that time and subsequently.

The patient received a pistol-shot in the epigastric region, and no clue was obtained as to the course of the ball until two days afterwards, when soreness directed attention to the right side of the chest. Upon palpation the ball was found lodged between the seventh and eighth ribs, and hence must have passed diagonally inward and upward.

It must have traversed the liver and the lower part of the pleural cavity with perhaps injury of the lung. There was a marked tendency to collapse about 24 hours after the injury was received, which was attributed to hemorrhage into the right pleura. He rallied under the use of stimulants hypodermically applied, but died at the close of three days, and no post-mortem examination was made.

The failure to resort to any operation in this case seemed warranted by the fact that there was but little constitutional disturbance at the outset and the man walked about a mile unassisted after receiving the injury. The entrance of the ball being a little to the right of the median line, just below the curve of the costal cartilages, it was thought the stomach and transverse arch of the colon might have escaped injury. Only after the direction of the ball was ascertained by finding it

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above the eighth rib on a line with the posterior axillary fold, was it inferred that the liver and lung were probably wounded. Even the indications of sanguineous effusion in the right pleura did not authorize an opening into the chest wall for its removal; and the ball, after being located, was allowed to remain, thus avoiding the entrance of air through the incision which would have been requisite for its extraction. Such an operation would necessarily have communicated with the pleural cavity and led to collapse of the lung by the entrance of air, while it would not have afforded relief by giving an outlet to the blood. Masterly inactivity was therefore adopted after full consultation, and it is to be regretted that the cause of death was not made clear by autopsy.

An instructive case of gun-shot wound penetrating the upper portion of the chest, on the right side, and passing diagonally across to the left side of the abdomen, came under my observation a few years ago in this city. I saw this patient in consultation about a month after the injury was received and then diagnosed empyema of the right pleural cavity, with the recommendation of an operation. But, on the following day, another colleague, with a good surgical standing in the profession, joined in the consultation and gave an opinion in favor of waiting for further developments. My conviction was unchanged in regard to the urgency for evacuating the collection, but the attendant acquiesced in adopting the course of masterly inactivity in the case, and the patient succumbed in less than a week afterwards.

Being invited to participate in the post-mortem examination, it was verified that the right pleural cavity was filled with pus to such an extent as to push the mediastinum beyond the median line and to cause a depression of the diaphragm.

The ball had traversed the liver and was found encysted in the omentum, with but slight indications of inflammation in the peritoneum or other abdominal viscera.

The purulent accumulation was most probably due to decomposition of blood collected in the pleura from the wound of the lung, which was manifested by spitting of blood shortly

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after the injury and subsequently. The most interesting phase of this case is the complete healing of the liver and the entire disappearance of the sanguineous effusion which must have ensued from the extensive injury by the passage of a large bullet through its tissues. It has been generally conceded that stabs or gunshot wounds of the liver are very grave, not simply from the traumatism but from the hemorrhage; and yet in this case no serious result followed from this source, nor did the presence of the ball in the omentum cause trouble. But the result of the passage of the missile through the chest proved fatal secondarily, when it ought to have been arrested by a timely operation.

With the lights thrown upon empyema by the results of surgical treatment in these latter years, there can not remain a doubt of having secured the favorable issue of this case by evacuation of the pus.

A practical inference from the restoration of the liver in this case, is that traumatism does not always prove serious and supports Harley's practice of deep puncture for hepatic engorgement.

A counterpart of this last case has come under my observation recently in a gun-shot wound entering the left side of the chest and ranging diagonally backward into the abdomen.

This was a white man, A. C., 33 years old, who was shot with a Smith & Wesson pistol of 38 calibre by a man at his left side. I saw him about fifteen minutes after the shooting and found that the ball had passed through a thick coat, vest, shirt and undershirt, penetrating the chest wall between the sixth and seventh ribs on a line with the anterior axillary fold, and about an inch below a transverse line from the left nipple. It was out of my power to determine precisely what course the ball had taken, and upon a careful examination of the opposite side of the thorax by palpation, the presence of the ball could not be detected.

The patient labored under the influence of shock to a limited extent, with a weak and frequent pulse, but there was no hemoptysis or dullness upon percussion over the left side and

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the respiratory murmur was very evident upon auscultation over the front of the left lung. It was hence inferred that the ball had not penetrated the lung, and about twenty minutes after the accident a hypodermic injection of morphia gr. ¼, atropia gr. 1-150 was used and repeated in the course of half an hour, with a soothing effect. He was ordered a tablespoonful of whiskey with a little water every hour. Within two hours afterwards he vomited blood freely, and it was inferred that the stomach was wounded. I supposed that the contraction of its walls after the evacuation of its contents would most probably close the openings, as I had observed to be the fact in a gun-shot wound of the bladder, when the accumulated urine was discharged. It was accordingly determined to attempt the use of means to arrest the hemorrhage into the peritoneal cavity and its further accumulation within the stomach.

The patient took the following combination: Fluid extract ergot, half an ounce, tincture digitalis, three drachms, McMunn's elixir opium, two drachms, and simple syrup q. s. two ounces, in teaspoonful doses at frequent intervals. There was vomiting of blood in less quantity several times during the night, with increased frequency of the pulse, and next morning the prostration of the vital forces continued, with a sense of soreness over the epigastric region.

Conferring with a colleague that day about ten o'clock a. m., I suggested an exploratory operation with a view to verify the supposed perforation and close the openings. But he thought best to leave the case to nature and the patient was left in his charge afterwards.

As this kind of surgical conservatism was not calculated to avail for the relief of perforation of the stomach, it was not a matter of surprise that the case terminated fatally at the end of the third day from the receipt of the injury.

An autopsy made by the county physician, Dr. E. Griffin, under the direction of the coroner, revealed that the ball had passed through the thoracic wall, traversing the lower portion of the left pleural cavity just beneath the pericardium, thence

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perforating the diaphragm and the walls of the stomach with those of the transverse colon.

The conical ball was found lodged in the muscular tissues on the left side of the vertebral column nearly opposite the seventh dorsal vertebra. There was but little blood in the pleura, but much in the peritoneum.

When the anatomy of all the parts involved is recognized it will be understood that the ball passed nearly at a right angle with the axis of the body and came from a pistol held on a line with the external wound, by a person occupying a position obliquely on the left of the victim, as described by an eye witness.

The matter of practical moment in this case is the probable outcome of a laparotomy after the wound of the stomach was recognized by the vomiting of blood. In view of the fact revealed by the autopsy that the colon and stomach were perforated, and that no other serious wound existed, it appears that closing the openings might have averted death.

An interesting case, in which an injury over the sternum extended to the abdomen has been treated in consultation in the person of a vigorous white man, with a fatal result.

A contused wound, without laceration of the skin or fracture of the bone, caused considerable pain in the chest at the outset followed by febrile disturbance and was ultimately complicated with cramps of the bowels and distension of the abdomen. There was marked thirst and vomiting from taking large quantities of fluid in the stomach. The intestinal torpor only yielded to frequent doses of calomel followed by castor oil and spirit of turpentine.

While there were indications of traumatic pneumonia, as a direct result of the injury, the transmission of the inflammatory process to the abdominal viscera induced peritonitis of a grave character. So far as could be learned from the history of the contusion, there was no violence immediately to the walls of the abdomen, and hence it was inferred, by a metastatic process, inflammation was propagated to the peritoneum.

Notwithstanding the employment of vigorous measures to

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combat the thoracico-abdominal complication, it ended fatally in the course of a week. While the autopsy revealed the effects of inflammation in the mediastinum and recent adhesions of the pulmonary and parietal pleura, there was no effusion within the thoracic cavity. It was therefore inferred that death ensued as a consequence of the peritonitis rather than from pleurisy or pneumonia. Thus the secondary or transmitted impression upon the abdominal viscera proved more serious than the primary and direct impression upon the contents of the thorax from the violence.

I felt satisfied that the traumatism of the chest was the etiological factor which led to the development of the abdominal complication, and hence concurred in giving a certificate that the injury inflicted in a railroad accident was responsible for the man's death. The precise pathological conditions involved in the development of peritonitis in this case, are not clearly understood; but it may be supposed that some change in the vaso-motor nerves, through the ganglionic system, was the initial element of the inflammatory process. The impairment of nerve power in a part, is known to induce congestion or engorgement of the vascular supply to the tissues, which is the ordinary precursor of inflammation.

In illustration of the effects of pathological conditions, implicating the abdomen and thorax, I recall an interesting case connected with gall-stones, which was under my care some years ago.

After long continued hepatic derangement, with the evacuation of gall-stones by the bowels from time to time, there eventually developed a pulmonary disorder with a very peculiar expectoration. It did not present the characteristic appearance of mucus or pus, but had a grumous and sanious character, with a most offensive odor, such as had never been encountered in any other case. This very remarkable stench permeated the apartments, so as to make it extremely unpleasant to remain in any part of the house, and there was a constant renewal of it from frequent expectoration of the dark brown matter by coughing. The patient had been for several

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weeks in a very feeble condition and only survived this pulmonary complication a few days.

An autopsy showed several very interesting pathological complications. An ulcerated communication between the abdomen and the thorax was the feature of the case bearing most directly upon the subject of this paper and under peculiar conditions.

The inflammatory process set up by the presence of gall-stones in the gall-bladder and ducts had induced adhesions between the liver and duodenum, with ulceration of the walls of the latter, by which the biliary calculi had escaped into the upper intestines. These were discharged, as already stated, on several occasions with the fecal evacuations.

The disorganized structure of the liver extended its morbific influence to the diaphragm and thence to the right lung, so that adhesions took place attaching the diaphragm firmly to the liver and the most dependent portion of the lung. Thus bound together, an opening resulted, by ulceration through the diaphragm, which gave a passage of the fetid matter from the liver into the lung and this, being received into the bronchial tubes, was discharged through the trachea.

It would have been supposed that the natural outlet of the liver into the duodenum, should have carried off the products of destructive inflammation, and more especially as an ulcerated communication between them admitted of a free discharge into the upper intestines.

But the progress of inflammation upwards led to the adhesions and finally to ulceration so as to give exit from the liver into the lung.

The precursory hepatic troubles in this case were so marked, that the subsequent developments were properly interpreted prior to the post mortem examination, and yet I was not prepared to expect such a complete exclusion of the pleural cavity by the adhesion of the lung with the diaphragm. A track of escape for the morbid products from the liver through the bronchial ramifications was opened by the ulcerative process; and had not the power of the patient been already exhausted,

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it is inferred that the drain thus established might have afforded relief.

The following report has been received from Dr. D. A. K. Steele, of Chicago, in reply to my request for some notes in regard to cases of liver abscess perforating the diaphragm.

"I beg to say that in 1874 I had under my care in the Cook Co., Hospital, a patient, male, aged 30 years, who had spent some years in the tropics, who was admitted to a medical ward, suffering from a severe cough, expectorations of large quantities of thick, greenish yellow, purulent sputum, occasionally tinged with blood. There was great emaciation, hectic temperature, and the physical evidences of an empyæma, discharging through a bronchus. He was treated for empyæma for about ten days, when he died, and at the post mortem examination, we found an abscess of large size in the right lobe of the liver, that had ulcerated through the diaphragm into right pleural cavity and then into the right lung, opening and discharging through a large bronchial tube. It was an interesting case, as the liver abscess origin of the empyæma had not been suspected."

From statistics of abscesses of the liver, published by a famous Mexican physician, Jimenez, it appears that in fifteen cases, an opening occurred before incision into the bronchi; and in four cases after incision, the discharge passed into the bronchi. In one case, the opening was into the stomach; in one, into the pericardium and in two cases into the pleuræ.

Thus, it is found that the communication between the abdominal and thoracic cavities by ulceration through the diaphragm, is more frequent than might have been expected from the paucity of recorded data in this country.

The difficulties attending a correct understanding of the complications growing out of thoracico abdominal wounds and diseases, are such as to demand full investigation of this class of cases by the profession.

The anatomical relations of the thoracic and abdominal viscera, separated by the concavo-convex muscular partition of

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the diaphragm, renders a diagnosis of complex injuries highly important.

I have ventured upon this comparatively unexplored field of observation, with the hope of arousing an interest in this branch of surgery; and I trust that the points presented may elicit profitable discussion from those who may have experience in treating these complications.

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ANTISEPTIC MIDWIFERY.

BY JOHN HOWARD BLUE, M. D., MONTGOMERY.

Member of the Medical Association of the State of Alabama.

In presenting to this Association the subject of Antiseptic Midwifery, I am not unmindful of the fact that it has been subjected to discussion so critical and exhaustive that perhaps no phase of it has escaped careful investigation. Despite the knowledge that its literature, being so extensive, is more or less familiar to all of you, and that I may perhaps repeat only truisms and conclusions which you have read and arrived at time and again, I nevertheless feel that we cannot too thoroughly familiarize ourselves with these facts, or too often test and verify the correctness of our conclusions. I bring it before you, therefore, not with the expectation of adding anything new or original to the investigation, not to prove or disprove any special theories regarding it,—not to advocate the views of over-zealous observers either pro or con, but that I may furnish you with some facts and statistics based upon careful and accurate investigations, the knowledge of which will prove a valuable aid in the practice of that art which Engleman truly says: "beyond any one of the branches of medicine appeals to the sympathies and the most sacred instincts."

Nor do I invite your attention to this subject in its antiseptic curative features, but in its aseptic preventive aspects; not with the view of ascertaining how enemies that have invaded the puerperal woman may be expelled from her organism, but how to intercept successfully the invasion of those enemies. If the statement of any facts, regarding which different views are entertained or theories which are considered

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mooted questions, should appear somewhat dogmatic, you must remember that the time prescribed for the presentation of these papers will not allow exhaustive or very elaborate discussion of theories.

In the beginning of this investigation, we discover the very suggestive fact that puerperal disease and death occur less frequently now than they did thirty or more years ago. Individually, doctors may tell us of their hundreds and thousands of obstetrical cases in private practice without a death, but the fact nevertheless remains true that collectively, fewer women sicken and die in the puerperium than in earlier years. Doubtless many of you gentlemen have had this impressed upon you by the answers given to questions in your life insurance examinations regarding the cause of death in the mother or grandmother. I have noticed it very many times. Indeed the earlier records of some of these insurance companies show a mortality from puerperal diseases of seventeen per cent. in private practice, and while statistics are wanting from which we could positively learn how nearly this approximates a true general mortality, the fact of a decided decrease is well established. Lusk, in an examination of 3,342 deaths in New York city, found the proportion to be 1 to 94. When we consult the lying-in hospitals, the records corroborate my statements with unmistakable evidence, for they show a mortality of ten, fifteen and even fifty per cent. in earlier years, and at a date no later than 1875, the Congress of Physicians of Brussells advised the abolition of these large lying-in hospitals, and the delivery of patients in private homes. Now we all know that no such mortality rates obtain at the present time. According to a statement in the American System of Obstetrics, "Extensive investigation has shown the mortality of confinement cases in general practice to be about one per cent," while in hospital work it has been reduced to a very small fraction of one per cent. Indeed the maternity hospital rates have been so favorably reduced that instead of the necessity for their abolition, they now afford, when properly conducted, altogether the better places for safe confinement.

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The recognition of the fact that puerperal morbidity and mortality have been very greatly lessened in recent years, pertinently suggests inquiry as to how and when this reduction was effected.

As you all know, Semmelweiss, a physician of Vienna in 1847, recognizing the septic nature of puerperal diseases, made practical demonstration of the correctness of his theory by cleansing his hands with chlorine water. The result of this was that in deliveries without this disinfection he had a mortality of 12,24-100 per cent.; in deliveries after it, 1,27-100 per cent., a reduction as unprecedented as it was gratifying.

Now without consuming your time with an exhaustive history showing the elaboration and application of his theory to practical details, I may say that, from 1866 to recent date, from the researches and investigations of Pasteur, from the teachings and matchless discovery of Lister, with the aid of carbolic acid, mercury bi-chloride and potassium per manganate, antiseptic measures in obstetrics have been applied in all their details and paraphernalia.

The results of their very general adoption showed that indiscriminate use of some of the disinfective agents was productive of harm, and while in the hands of many, antiseptic measures produced great good, in some, negative results followed, and in still others, fatal consequences ensued. The latter were in great measure due to an injudicious or reckless application of toxic agents resulting from enthusiasm for the newly discovered methods, and although they were to be deplored, they nevertheless served a useful purpose in that they necessitated investigation for other and safer agents, and prompted the adoption of better ones.

I have said that the application of antiseptic principles was based upon a recognition of the septic nature of puerperal diseases. Of course, for a time, the theory regarding this cause was not very clear, but later and thorough investigations have so fully developed it that it may now be considered a well established fact.

Dr. Garrigues in "Antiseptic Midwifery," says: "The well

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ascertained fact that in almost all cases, by the local use of certain drugs, we can prevent puerperal septicæmia, and if it has made its appearance, most effectually combat it, shows that this disease is due to a poison which enters the genitals as such, or is produced there by substances coming in from without." Lusk in "Science and Art of Midwifery," page 654, says: "The outcome of modern investigation tends however to prove that the puerperal poison is of a septic nature," and adds, "puerperal fever is really a surgical fever." In support of this view convincing proof is adduced. Indeed the special germs have been, with reasonable accuracy, discovered and found to be pyogenic staphylococci, bacilli of putrescence and streptococci pyogenes.

These pathogenic micro-organisms, which we know are very rarely if ever autogenetic, and are seldom found in normal vaginal or cervical secretions, are introduced by absorption through wounds and abrasions in the genital tract, wounds which of necessity always occur even in normal labors and abrasions which are often the result of too frequent or careless vaginal examinations. Of course secretions pathological in character resulting from previous diseased conditions of the uterus or vagina, or latent disease of the appendages, brought into a condition of activity by labor, may in some instances furnish the infectious material. It is also possible, as claimed by Tarnier, that the lungs or mouth or other surfaces may offer ways of ingress, but practically the infection always reaches the patient through the first named avenue.

The infectious germs being heterogenetic, except in rare instances of an antecedent pathological condition, must have some means of transportation to reach the field of their operations, some medium of communication between the genital organs and the infectious agent must exist. Investigation shows that the means is almost always furnished by the obstetrician, the nurse, the bedding, the clothing of the patient, and in some instances the poisoned atmosphere of the apartment. The obstetrician, by his hands, instruments and clothing; the nurse, by the hands and clothing, the dressings, and

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too frequently the dirty rags; the bedding and clothes, by the impurities contained in them, and the atmosphere, by its contaminated condition—being filled with germs, pathogenic perhaps, from some previous diseases in the room.

I have thus attempted, somewhat briefly, to direct your attention to the fact that puerperal diseases are the result of infection, heterogenetic in character in its relation to the patient; to the sources of this infection, to the avenues through which it invades the organism, and to the carriers of the infection; and recognizing the facts stated as established, we are easily led to an intelligent consideration of the final problem in the discussion, the problem of practical, paramount, vital importance; the problem, a correct knowledge of which would have saved countless lives in the past and will protect unborn millions; the problem, by the correct solution of which, we are enabled to stay the fell destroyer and afford protection to our puerperal patients. For the faint streaks of light through which Semmelweiss, in 1847, saw his crude and primitive idea of disinfection, have grown into a bright and perfect dawn, revealing to us matured and greatly improved antiseptic methods. To these methods I now ask your attention.

An ideal antisepsis can be obtained only in institutions specially provided with the appliances necessary to its perfect operation, and having full control of its inmates and attendants, and, as we could expect, in such institutions the most favorable results are obtained. While we may not be able to secure such results in private work because of objections on the part of patients to the methods, or to their environment or inability to provide the necessary appliances, we can, in almost all instances, without very great inconvenience or expense, approximate the ideal, thereby adding much to the comfort and safety of the patient. We can have clean hands, clean instruments, clean towels, clean lubricants, clean napkins, and a patient more or less clean. If no greater cleanliness can be obtained, it is our duty to give the patient the benefit of this much, for antisepsis in my opinion is essentially cleanliness.

Before describing in detail antiseptic methods, it will be

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profitable to notice the agents employed, the earliest being carbolic acid. Following the teachings of Lister, carbolic acid has been extensively used in obstetrical work, but experience has shown that it is not under all conditions germicidal, and besides, contains within itself dangerous properties. Therefore, while some physicians still use and recommend it very much, the larger number have restricted its use to the disin fection of instruments. For this purpose a solution of five per cent. is employed. The mercury bi chloride, as recommended by Tarnier, is now the generally accepted agent, and although doubt as to its germicidal power has arisen, experience has fully demonstrated its antiseptic properties. It is used in solution for the hands, 1 to 2,000; for the external genitals, from 1 to 2,000 to 1 to 4,000; for intra uterine use, 1 to 4,000 or 5,000. Individual operators, in some instances, employ other special agents, but the corrosive chloride is almost universally used.

Dr. Joseph Price, in an article in the New York Gynecological & Obstetrical Journal, March 1892, says: "The only conditions absolutely favorable to complete and happy recoveries are clean home or maternity hospital, clean delivery rooms, clean doctor, clean nurse, clean patient," and the practical application of these views is carried out at the Preston Retreat in a building, which he adds, "is one of the most complete for its purpose in existence."

We may, therefore, describe his methods as somewhat typical, and quote from the article above referred to: "Upon admission, the patients go direct to the baths, twelve feet from the building proper, where they are thoroughly cleansed by soap bath, superintended by a nurse. Up to the time of delivery, the soap baths are repeated weekly." At the proper time: "patient receives a thorough soap bath, vaginal douche of mercury 1 to 2,000, and rectal enema of soap water, clean gown, and enters the delivery room. Physician and nurse make thorough toilet with water, soap and brush, which they repeat after entering the delivery room. But few examinations are made. The Credé method of placental expression is

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always practiced. One vaginal douche after delivery of placenta, 1 to 2,000 mercury, then ends all douching. The pad dressing is used for about four to six days—longer if necessary. The nurses are required to practice the strictest cleanliness, first, in their own person and toilet; second, in that of the patient. No wash rags or sponges are permitted in the building." These measures, as you observe, do not include all of the usual antiseptic methods, but have furnished a record of 1,050 cases, including one Porro's operation, without a death from any cause. It should be remembered however that the patients of this institution are not emergency cases, and that there is ample time for systematically securing cleanliness. Dr. P. page 197, also gives statistics of 6,631 cases, with a mortality of less than 3-10ths of one per cent.

Taking the Maternity Hospital of New York as fairly representing complete antiseptic methods, I quote the details of application from Dr. Garrigues "Antiseptic Midwifery," page 197:

"If possible, the patient should take a full warm bath at the beginning of labor. Give an enema of soap suds, wash your hands, and for operative interference your arms, with soap and water, using a stiff nail brush, and then scrub them with a bi-chloride solution of 1 to 1,000. Use special care for the spaces under the nails and at their roots—clean the nails with a pocket knife. Place beside the patient's bed a basin with bi-chloride 1 to 2,000, in which you hold your hands and everything that comes in contact with her genitals, for at least one minute immediately before touching her. Wash the patient's abdomen, buttocks, thighs and genitals with solution 1 to 2,000, and if she is not clean scrub the parts first with soap and water. Inject a quart of the same solution into the vagina, use no lubricants except when the whole hand has to be introduced, then use carbolized glycerine 3 per cent. Examine rarely, and do not introduce your finger inside the os in common cases. When the presenting part begins to open the vulva, cover it with a compress wrung out in a solution of 1 to 2,000. Likewise after the child is born. Express

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the placenta by Credé's method. If, after delivery, it has been necessary to introduce your fingers into the vagina, or, if during delivery, manipulations have been performed in the uterus, inject from a pint to a quart of lukewarm solution of 1 to 2,000. If fingers, hands or instruments have been introduced into the cavity of the womb, or if the child is macerated, give an intra-uterine injection of two to three pints of hot solution 1 to 4,000. Wash the patient with solution 1 to 2,000, put on a belly binder and antiseptic occlusion dressing, change the dressing every six hours in hospital practice, or three times daily in private practice. No vaginal injection in normal cases of labor. Disinfect instruments with a solution of carbolic acid 5 per cent." Following the adoption of these measures a mortality of 42–100 per cent. resulted instead of the previous mortality of 7.17–100 per cent. at one time, and 15.69–100 per cent. at another.

Sloan Maternity records show 1,000 cases, including many emergency cases, with a mortality of 6–10 per cent.

Leopold reports 3,089 cases without a death, and I might thus quote numerous statistics showing the same results, but it will be more interesting to see a comparison of these with reports of earlier years.

Maternity at Paris from 1860 to 1867 had a mortality from 7 to 20 per cent., with an average of 11 per cent. Now the mortality is 1.1–10 per cent.

London General Maternity mortality has been reduced from 40 per cent. to 2.05 per cent.

Vienna from 12 per cent. to less than 1 per cent.

New York from 6 per cent. to less than 0.21 per cent.

Paris Hospital Lariboisiere in 1854, 10 per cent., 1877, 1 to 145, and 1888, 1 to 199.

This rate of reduction approximately is found almost everywhere that antiseptic methods obtain.

In private practice statistical records are difficult to obtain, but when obtained show about the same results. Dr. Garrigues says "several physicians who have a large practice in New York city, report an entire absence of puerperal disease

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since they have adopted antiseptic precautions, whereas, before, they had cases every month."

Dr. H. C. Coe, March 14, 1892, says: "In the experience of those who practice strict aseptic midwifery, septic infection is practically unknown even in severe operative cases."

As I have already said, it may be impracticable to apply all the details of hospital antiseptics to our private work. But this inability to do so makes it none the less obligatory to secure whatever benefit can be derived from any of the details. If we recognize the necessity for antiseptic methods in lying-in hospitals, by the same reasoning we cannot deny the need of similar measures even in the healthiest regions, the only difference being one of degree, as we know puerperal disease has been found in the healthiest rural homes.

Of the many things that can be done, I would suggest a selection of the best room in the house for your patient as regards hygienic environment, making sure that there is good ventilation and light, and that no communication exists with drains or sewers. See that the bed and bedding are clean, and do not allow the use of quilts, spreads, or the traditional feather-bed, upon the sentimental idea that the mother, grandmother, or great-grand-mother used it. Do not permit the use of unclean napkins, towels, or cloths—towels which have been soiled, possibly in cleaning half the family, and cloths brought directly from a dirty closet. Let the clothing of the patient be clean. Move the bowels, if necessary, with an enema, wash the genital organs, buttocks, thighs, &c., and sponge them with bi chloride solution 1 to 2,000. Give vaginal douche with solution 1 to 2,000 in early stage of labor. Wash your hands with soap and water, using nail brush, then disinfect in solution of bi-chloride 1 to 2,000. The hands always to be disinfected before being brought in contact with the patient. Same directions for nurse. The nurses in this section of the country should have special antiseptic attention, for most of them are unskilled and ignorant and many act as accoucheurs for a class in which disease is most likely to exist. The danger of infection therefore with this class of nurses is greatly

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enhanced. Make very few vaginal examinations unless the case presents abnormal features. As you know, some observers of extensive experience have advised that no vaginal examinations be made in normal labors, and the practical adoption of this seems to have been followed by exceptionally good results. In the Medical Record, January, 1892, Leopold is reported as having had 919 cases with no deaths, and only two cases in which infective trouble occurred. Fewer rents and vaginal hemorrhages are also claimed for this non-examination method. But in addition to the fact that unusual skill is required for successful external examination, so many conditions may exist which only vaginal examination could reveal, that I cannot fully endorse the teaching. I am clearly of the opinion, however, that frequent examinations are unnecessary and harmful. Deliver the placenta by the Crede method, which does not necessitate the introductions of the hand within the vagina. After delivery repeat the vaginal douche, and after thorough external cleansing, apply over the vulva a pad of absorbent cotton, wrung from bi-chloride solution 1 to 2,000, this to be renewed every four or six hours. The external genitals should be thoroughly sponged with a solution after each act of urination and defecation. Post-partum vaginal douches are not advised, when no evidence of septic invasion exists. They are frequently productive of harm mechanically even in skilled hands, and may become the carriers of infection to tissues otherwise healthy. If the aseptic methods are correct in theory, and thorough in application, there can be no field for douches. Close any rents of perinæum that may have occurred at once with silver wire or catgut, and good results will be obtained in a majority of cases.

The methods described include those employed by myself and others in this city. They do not entail much expense in preparation, or much trouble in execution. They do not arouse opposition on the part of patients; they do not require nurses specially skilled; they do add greatly to the comfort of our patients, and by the use of them puerperal disease and death, in the near future, will be practically unknown.

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PUERPERAL SEPTICÆMIA.

BY MILTON COLUMBUS BALDRIDGE, M. D., HUNTSVILLE,

Ex-President and Grand Senior Counsellor of the Medical Association of the State of Alabama.

Four years ago Dr. John P. Stewart, a member of this Association, presented an able and exhaustive paper on Septicæmia in relation to an early diagnosis. The paper was well received but was not thoroughly discussed. And now that the subject is receiving at home and abroad more attention at the hands of the profession than at any previous time, due largely to the fact that bacteriological investigators and antiseptic reformers are making scientific observations and formulating theories touching the etiology, prevention and treatment of septic troubles peculiar to the puerperium. And the theories are so diverse and unsatisfactory that the average obstetrician is forced to extricate himself from the confusion and conflicting opinions by examining the subject in the light of experience and plain facts as they are presented to us in our every day observation.

In the beginning of this paper suffer me to disclaim any intention of obtruding opinions which are strictly at variance with the advanced ideas and teachings of the day,—we could not if we would, but it is our privilege to express conscientious views which have been adopted after mature deliberation and no little observation, and we now desire simply to provoke discussion among the members of the Association upon this very important subject.

With this apologetic introduction we propose to treat the subject in a practical way by dividing puerperal septicæmia into two varieties, and in support of this division will quote as

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authority Doctors Sternburg and Meronoff. Sternburg says: "There are two forms of septicæmia. The first is an infective disease which he terms 'septic intoxication, due to the rapid multiplication in the body of infective animal or parasitic poison.' The other is a septic toxemia due to the effects of chemical poison or poisons evolved during the putrefactive decomposition of certain organic substances, especially of nitrogenous animal products." Meronoff says puerperal affections may be divided into two classes; one of which embraces specific cases which are "caused by the penetration into the genital tract of certain pathogenic bacteria, and the other class is caused by the absorption into the circulation of ptomains elaborated by certain putrifactive and non-specific bacteria."

The first variety, which is by far the most frequent, appears to be developed in individuals who are the subjects of traumatism; hence we will for convenience denominate that the traumatic, and include under that common head all septic troubles peculiar to the puerperium, which ensue after lesions in the genital tract, thus giving rise to a pathogenic infection, which by some is called wound infection, and will here include vulvitis, peritonitis, metritis, cellulitis, lymphangetis, &c., with their peculiar local characteristics and general systemic phenomena. It is claimed by nearly all modern obstetricians that the etiology of puerperal septicæmia is clearly traceable to the presence of certain micro-organisms, known to the bacteriologist as streptococci, chain-like bacteria, and staphylococci, or round bacteria, which come in contact from without, with the wounds or abrasions at the time of, or immediately following, the injury. These are taken up by the circulation, multiplying in the tissues, and are held accountable for the septic trouble whether slight or grave. This theory of the origin of puerperal sepsis is doubtless true to a certain extent, but does not satisfactorily account for every case which occurs in domestic practice, nor can we see how a certain proportion of lying-in women who, under the most favorable hygienic surroundings become the subjects of septic infection, while so

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large a proportion, less favorably situated, experience perineal ruptures, cervical lacerations, pudendal abrasions, &c., together with every conceivable mismanagement at the hands of ignorant and meddlesome midwives without any appreciable sign or symptom of septicæmia.

With an obstetrical experience of several years among the negroes during the days of slavery, and carefully noting the results of about one hundred puerperal negroes, septicæmia did not occur in but two cases, and in those septic pyæmia ensued after prolonged labor and instrumental deliveries which were attended by extensive local injuries in the genital tract, with purulent formation and infiltration. Some of the cases thus noted were delivered by competent physicians, but most of them were attended by ignorant midwives. Not a few presented perineal rents. Some of them experienced protracted labor, and all of them were fit subjects for bacterial infection. This observation was not confined to the colored race alone, but among white women in the rural districts, and the poorer classes in the towns and cities. From this it would seem that while the presence of bacteria is the rule during the puerperium, septic infection is the exception. And it must be admitted that much doubt exists in the minds of modern bacteriologists touching the etiology of septicæmia, since the same micro-organisms which are found in septicæmia are also present in many other morbid conditions, and in the healthy body as well, and after all there must be other factors which enter into the causation of puerperal septicæmia in addition to the presence of pathogenic micro-organisms. And it is not improbable that among the better classes a state of morbidity due to hemorrhage, shock, exhaustion, enervation and retrograde metamorphosis render the parturient especially liable to the pernicious action of the pathogenic agencies, which alone, under other circumstances, would have no appreciable effect. But for this solution of the case, we would expect every parturient woman who sustains a rent, or has not been the subject of aseptic and strictly antiseptic treatment to become the subjects of infection. Again, we not infrequently see cases

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in which the septic trouble presents a pyogenic aspect in that the tendency to purulent infection and metastatic abscess is present early in the beginning, and in this variety the micro-organisms differ from the streptococci of the preceding, in their appearance at least, for they are round or rod shaped, and, because of their peculiar formation, obstruct the capillaries when they come in contact with the red corpuscles, causing them to become agglutinated, and in this way thrombi are formed which serve as foci for the deposit of other micrococci, and these in turn multiply in the surrounding tissues. However, this variety of septicæmia, differing apparently from the first named in some of its etiological aspects, may be regarded as a sub-variety, nearly allied to the former in the matter of prophylactics and treatment, and when studied together, they clearly belong to the first form of septicæmia.

Under the second head we classify all cases which occur independent of lesions in the genital tract, but owe their origin to causes within the body, rather than from without, and may not be improperly called auto-infection, which Kaltenbach defines as a "process in which the micro-organisms which are present in the genital secretions before labor, develop virulence after labor." This occurs when pieces of placenta or shreds of secundines are left in the cavity of the womb after parturition, which decompose, producing a chemical poison or septic toxemia, and this we believe is "true puerperal septicæmia," differing in its causation, symptomatology, and treatment from the traumatic or infectious. In this variety we have a poisoned condition of the blood, which is the product of the putrefaction of animal substances, such as portions of the placenta, clots of blood, or small pieces of retained secundines. These substances in a state of decomposition generate sepsis, or a poison which readily permeates every tissue, devitalizing the blood, and reducing the unfortunate sufferer to a condition of extreme adenamia and exhaustion of all the vital forces.

The micro-organisms which are here found for the most part, belong to the round, or rod shaped bacteria, and notwithstanding the presence of staphylococcus pyogens, abscesses do

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not often occur. After all, with our present knowledge of bacteriology, we may not attach too much importance to the presence or character of micro organisms which may not exist as pathogenic factors in the causation of puerperal septicæmia, until a special germ is found which invariably, under similar circumstances, produces the same results.

To illustrate, permit me to briefly report two cases of true septicæmia which occurred under my observation within the last two years, at a time when my attention was being specially directed to the subject of asepsis and antisepsis in relation to the puerperal state.

Case first: A primipara aged about twenty-four years, of delicate mould and nervous temperament, who had experienced good health previous to confinement, was at the close of term found to be in labor. Her room was clean, airy; all carpets and woolen fabrics had been removed, her body had been thoroughly cleansed, and her condition was altogether such as to warrant a safe and satisfactory puerperium. But labor began to linger, pains were ineffectual; instrumental interference was opposed by patient until eighteen hours had elapsed. During the time vaginal examinations were seldom made, and then only after thorough cleansing and disinfection. The forceps were then cleansed in hot carbolized water, carefully introduced, and the woman was delivered of a living babe without a rent or any appreciable injury. In due time the placenta was removed after Credé's method, the vagina thoroughly cleansed with hot water, and all was doing well. But on the third day slight chilliness occurred which was followed by high fever, thermometer registering 104° F. Intro-uterine irrigation consisting of one quart or more of carbolized water, 1 to 200, was done, the os having been exposed with a speculum. At the close of irrigation a small piece of membrane appeared in the mouth of the womb; this was removed and was quite offensive. Two hours after the douche the temperature had receded to 101° F. and continued with morning remissions and evening exacerbations until the seventh day, when it suddenly reacted to 105° F. with all the indications of

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a grave attack of septicæmia. Suspecting the cause to be hidden, and within the uterus, an intra-uterine injection of hot water and hydrarg. bi-chloride to 5,000, was used, when another piece of membrane was expelled in a highly decomposed condition. The cavity was then cautiously curetted and the woman recovered under constitutional medication.

The second case was similar to the first in age, temperament and habits of life, but had been the subject of menstrual irregularity from puberty. At full term, and after the faithful observance of every precaution, according to the advice of her family physician, after about fourteen hours labor, with the evidence of a concealed hemorrhage and extreme exhaustion, the forceps were used and the delivery was accomplished under the most thorough antiseptic precautions, according to the teachings of the day. A living child was born without visible injury, except a slight abrasion at the inferior fourchette. There was an adherent placenta which was carefully and thoroughly removed by the hand in utero, which had been rendered antiseptic before introduction, and every partitle of the mass was detached and removed. Antiseptic douches were used, but on the fourth day septicæmia ensued, and on the fourteenth day the patient died. This patient was exhausted by prolonged labor, and post-partum hemorrhage.

The above cases have been selected from a number of similar cases which clearly indicate the fact that causes other than the presence of bacteria sustain a causative relation at least to true puerperal septicæmia.

SYMPTOMATOLOGY.

For the purposes of this paper it is necessary that I dwell on the entire range of symptoms which present themselves in the various phases of septic poison, but I will refer to only the more pronounced which differentiate the infectious, or pyæmic variety, from the true. The former is ushered in with a chill, which usually occurs from the second to the fourth day after delivery. It is of variable intensity and is peculiar in this, that the ther-

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mometric curve is irregular throughout the entire course of the disease. Seldom pronounced intermissions, but usually evening exacerbations, with recurring rigors or chills, profuse perspirations, attended with an acid odor is present, and diarrhœa not infrequently occurs. Abscesses, metastatic in character frequently appear, pulse usually quite variable in the beginning, becomes small and rapid as the disease advances, and towards the close, in fatal cases, is irregular and dicrotic. Thirst is a prominent symptom; tongue smooth and red. Urine scanty and often albuminous, with delirium, sometimes wild, but often low and muttering. In true septicæmia the fever makes its appearance on or about the third day, and is not in all cases ushered in with a chill. The temperature for the first day following the chill is high, often rising to 104 or 105, and maintains a high grade daily, with slight remissions every morning. Profuse perspiration does not occur, but the skin is uniformly moist. Pulse quick and small, and under slight pressure is easily obliterated. Stomach irritable with frequent vomiting. Thirst insatiable. Bowels loose, sometimes obstinate diarrhœa with an offensive odor. Urine scanty and albuminous. The conjunctiva and skin often present a yellowish tinge. In all cases the body emits a cadaveric odor. The differentiation between the two forms of the disease consists of recurring chills, variable temperature and metastatic abscesses in the former, while in the latter chills do not recur, temperature is uniformly higher from the beginning and abscesses do not often occur.

PREVENTION.

It is in the prevention of septicæmia that the physician will be able to display the greatest amount of skill and render the most valuable service, and to this end there are two all-important facts to bear in mind.

First, the probable relation which exists between the puerperal condition and the presence of pathogenic micro organisms. Secondly, the effects of hemorrhage, shock, exhaustion, &c., all of which, as before stated, constitute potent factors in

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the causation of septic troubles. In order to meet the first indications, the condition and surroundings the woman previous to confinement should be regulated favorably to the parturient condition. The all-wise law of cleanliness should be rigidly enforced without entering into all the details of modern asepsis and antisepsis, not a few of which are impracticable in domestic practice, while some are meddlesome if not absolutely harmful. And since bacteria can only be productive of harm in a majority of cases through transmission, due care should be observed in the prevention of local injuries, and when they do occur prompt attention should be given, rents should be closed, dressed antiseptically, and left to heal, with as little handling as possible, remembering at all times that cleanliness, rest, non-meddling, and the reserve forces of nature will accomplish all that may be necessary. While the frequent use of medicinal irrigations, as often prepared with drugs and chemicals that are productive of more injury to the patient than the bacteria when present, will result in disappointment to the practitioner, and prove detrimental to the patient. It is the habit of some, previous to confinement, to practice frequent ablutions of the body, with the daily use of vaginal douches impregnated with hydrarg. bi-chloridi, carbolic acid, and often other medicinal agents. Enough clean water to thoroughly cleanse the body is necessary, but an elaborate crusade against bacteria is, in our opinion, altogether wrong, for if pathogenic agencies be present at the time, which is not invariably the case, repetition of local treatment at the hands of unskilled nurses and incompetent midwives, with instruments of questionable cleanliness, may induce the very condition of things which it is desired to prevent. We may place too much confidence in the use and efficacy of antiseptics, and not enough in rest and non-interference previous to and following parturition. During gestation regular habits should be practiced. Out-door exercise, a proper attention to diet, free evacuations from the bowels, and above all the early recognition of and prompt attention to the first appearance of albuminuria.

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Again, the process of child bearing is one in which the nervous and muscular systems are subjected to inordinate excitation and extreme tension, even under the most favorable circumstances, and should labor be prolonged until the strength is exhausted, hemorrhage occurs, or inertia of the womb ensues, then the condition is one in which true septicæmia is likely to occur.

According to our observations the conditions just enumerated occur more frequently in subjects of delicate physical organization, whose habits of life have not tended to a perfect physical development, and who have inherited or acquired a highly sensitive or unusual impressibility of the nervous system. And we do not believe this class of patients are more obnoxious to the dilaterious action of bacteria than others whose surroundings and sanitary conditions are less favorable. Since exhaustion from prolonged labor is an important factor in the causation of these troubles, nature should be assisted by quieting, to some extent at least, undue nervous excitement, until the os is sufficiently dilated. Then in due time apply a clean pair of forceps and deliver. No woman in labor should be allowed to suffer ineffectual pains until a healthy physiological condition becomes pathological. After the use of the forceps, should a perineal rent be the result, which does not necessarily follow the skilful use of the forceps, the rent should be closed antiseptically, and if the placenta should be adherent it should be removed with a thoroughly sterilized hand, and the womb washed out with hot water, to which may be added carbolic acid, 1 to 300, or hydrarg. bi-chloridi, 1 to 500. Hemorrhage, if pre-partum, is best relieved by instrumental delivery, and if post-partum, should be arrested by irrigations of hot water. The uterus having been thoroughly cleansed of everything that is liable to decomposition, or promotive of septic intoxication, then apply iodoform gauze to the vulva, and a comfortable fitting binder to the pelvis and abdomen. If, however, on the third or fourth day after delivery, a sudden rise of temperature, with or without a chill should occur, we may expect trouble, and the uterine cavity should again be

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irrigated with an antiseptic preparation, and if the placenta had been forcibly removed because of attachment, then it would be advisable to use the curette. This instrument, however, should not be used except for the removal of putrefactive substances, which are within the uterine cavity. Irrigations with water of a high temperature, with or without antiseptics, are admissible. They reduce temperature and wash out ptomaines if present. But in normal labor, occurring in healthy women, with favorable surroundings, all such precautionary methods are unnecessary and often productive of great harm. This opinion is clearly enunciated by Axman, who states "that after an experience of thirty years as director of a lying-in institution he has arrived at the conclusion that cleanliness, rest, and non-meddling are the right disinfectants." And he deprecates the use of all chemicals in healthy pregnant and lying-in women. Other foreign authorities, together with quite a number of obstetricians in this country, are now expressing the same opinion, thereby supporting the idea that practical observation and bedside experience not infrequently fail to confirm the teachings of scientific research and plausable theories. In all normal labors the best preventive methods consist in rest of mind and body, clean linens and bedding, and an occasional vaginal injection with hot water only, when the discharges are not specially offensive. When otherwise disinfectants may be added.

TREATMENT.

So much having been said under the head of prevention, we propose to mention only some medicinal agents which would appear to be indicated. And as the disease is one of sepsis, whether infective or toxæmic, antiseptics are indicated according to the peculiar form of the disease under treatment. In the former, mercurials, quinine and febrifuges as have a tendency to act on the kidneys. These may be followed by some of the modern and more direct antiseptics, such as salicylate of soda, in doses from 15 to 20 grains, every three hours administered in some bitter infusion. Salol in doses from 7 to 10

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grains every two or three hours for one or two days, then continued three or four times daily. Eucalyptus and resorcine each have their advocates, and may be used with benefit. Minute doses of hydrarg. bi-chloridi repeated three or four times a day is often quite efficacious, especially when diarrhœa is present. Opium and its preparations for the relief of pain only. Antikamnia or sulphonal as an analgesic and soporific. Should abscesses occur they should be evacuated early and cleansed with antiseptic washes, one of the best of which is peroxide of hydrogen, and then treat with iodoform gause. Antipyrine and antifebrine may be used to reduce high temperature in the beginning, but should not be relied on because of the tendency to heart failure, and the depressing effects of the drug upon all organic functions. An emulsion of turpentine when tolerated by the stomach is not only indicated as a stimulating antiseptic, but according to my observation is an excellent remedy. In the true, or toxæmic form of septicæmia but little benefit is derived from the use of most of the above remedies, and we should endeavor, at the very outset of the disease, to prevent the destructive changes which speedily set up in the blood, and support the strength and vital forces of the patient. To this end alcohol is par-excellence the remedy. This may be given in any form most acceptable to the patient—either of the dry wines, whiskey, or brandy, but in whatever form it is preferred, large doses will be required. It must be taken to toleration, per orum; when the stomach will no longer receive it, then administer per rectum or hypodermically. The quantity is not to be considered but rather the effects, and its use should be continued ad libitum until fever subsides and convalescence is established. Digitalis or strophanthus is indicated to support the heart while the chlorinated tincture of iron is perhaps the best corroborant and oxygenizer of the blood. The diet should be supporting throughout, consisting principally of milk, eggs and beef peptones.

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UTERINE HEMORRHAGE AFTER MISCARRIAGE.

BY HENRY MITCHELL HUNTER, M. D., UNION SPRINGS,

Member of the Medical Association of the State of Alabama.

DISCUSSED BY

Dr. Edward B. Ward, M. D., Selma.

The caption of this paper would naturally include the consideration of post-partum hemorrhage, but since this dangerous complication has been more thoroughly elaborated and is tolerably familiar to every doctor who attends labor, I intend to exclude it entirely in my remarks, and mean to confine myself to the description and treatment of that hemorrhage occurring after the first six hours to six weeks after delivery, and commonly designated secondary hemorrhage as contradistinctive to primary or post-partum hemorrhage. Nor is it my purpose to make a distinction between abortion and miscarriage, preferring to speak of them as one, because the conditions leading to the complication of hemorrhage of this especial type are the same in each case. I have purposely excluded this complication after labor at full term, not because it does not occur then, for it certainly does, but for the reason that I am convinced it complicates miscarriage much more frequently than it does labor at term; and for the additional reason that when occurring after miscarriage it presents some different elements as to causes and offers in consequence greater difficulty in the treatment.

I assert that this accident is more frequent after miscarriage because the conditions leading to such a complication are more

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numerous, and also because in my own experience I have encountered nine cases of secondary hemorrhage after miscarriage, and not one after labor at full term; this is not peculiar to my own practice, but is true of that of my associates also. Another fact has impressed itself upon me, and that is the frequency of this accident. I believe it happens much oftener than the literature on the subject would have us believe. Hemorrhage may be so slight as to simulate a profuse lochical discharge; or it may be more excessive, taking place in occasional spurts when more or less blood clots are expelled by uterine contractions; it may take place again as a constant, steady stream with no uterine clots and no uterine contractions; or it may gush forth in a perfect torrent, deluging the bed and its coverings, quickly ending in death—fortunately this violent hemorrhage in the secondary stage is rare.

The character of hemorrhage is due largely to its cause, and there are quite a number of conditions given as causes of this accident. These causes may be either constitutional or local, and it may be well to mention them, the rarer ones only briefly. Among the constitutional causes may be enumerated debility and impoverished state of blood that lessens its coagulability; undue exertions; incautious use of stimulants. McClintock mentions a case who had a most violent hemorrhage on the twelfth day after delivery when sitting up for the first time, she felt faint, was given brandy, and the hemorrhage gushed forth in a perfect stream. Moreau insists upon the influence of local congestion brought about by a loaded rectum. Mauriceau describes a case of puerperal hemorrhage that persisted for five or six days and was only relieved by the evacuation of "painful gross excretions." Repulsive as it is, still it is true that hemorrhage is sometimes produced by sexual intercourse shortly after delivery. McClintock states he has seen hemorrhage brought on in this way eight and ten days after delivery. Blot speaks of albuminuria as a cause; and Saboia says that in Brazil secondary hemorrhage is a common symptom of miasmatic poisoning, and is only relieved by change of air and free use of quinine. Mental emotion is also a cause

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by bringing about a vascular congestion that washes away the thrombi formed in the uterine sinuses. Playfair speaks of a case where the bleeding was produced by the sudden return of an old lover on the eighth day after delivery; and Barker mentions a case in which the brutal conduct of the husband brought on a fearful hemorrhage. Fright has also caused this accident. There is a class of women who seem disposed to hemorrhage at this period and who are termed "bleeders," this tendency is manifested by the profuse hemorrhage at each successive labor without any obvious cause beyond predisposition. The local causes are by far the most frequent and the most important, the cause influencing largely the extent of the hemorrhage.

It is absolutely essential that the cause of the bleeding be correctly located, for upon its recognition depends entirely the success of the treatment. Some of the causes mentioned below are exceedingly rare, yet each has been known to cause hemorrhage. Relaxation of the uterus sometimes produces hemorrhage, but is very rarely a cause twenty-four hours after delivery. Barker states he has never seen a case from this cause after the third day. Disintegration or dislodgement of thrombi at the placental site may also cause hemorrhage; the blood clots may be dislodged by too early assumption of the erect position, or sudden exertion; they may disintegrate during puerperal infection, the bleeding from this cause is said by Schroeder to be the most dangerous of all puerperal hemorrhages, it is startling in its suddenness and it may come on when there is no discernable cause, consequently the true state of affairs can only be inferred.

Retention of blood clots is another factor in the production of hemorrhage. Blood clots produce hemorrhage by causing irregular uterine contractions, or by their presence exciting undue hyperæmia, and thus increasing amount of blood in the parts. I have had a case of this kind: A woman miscarried about the third month, I was called to see her on the second day. She had been bleeding more or less since delivery. The womb was well contracted, but hemorrhage still persisted.

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There were occasional uterine contractions with severe pain, but no clots were expelled, although with each pain the hemorrhage was greater; the os was well closed, refusing to admit the finger. I gave ergot and tinct. opium and tamponned, but the hemorrhage continued. I then dilated the os, introduced my finger and broke up firm blood clots that pretty well filled the uterine cavity, and fearing retained fragments of placenta or decidua, I applied a dull curette over the entire intra-uterine walls, but found no retained particles of after-birth. The womb was then washed out with hot water, the vagina tamponned and ergot and opium administered. The hemorrhage promptly ceased. Displacements of the uterus in the puerperal state are likely to become causes of hemorrhage, the bleeding brought on either by interference with the venous circulation, or by the formation of clots due to mechanical interference with escape of blood. Displacements in miscarriages usually antedate pregnancy, except inversion which of course is produced here as in labor at term. Carcinoma of the cervex or corpus is also a cause. Luckily this fatal disease is rare. When it does exist however, it will always produce hemorrhage and will as certainly destroy life. Several cases from this cause are recorded.

Wounds in the genital tract are sometimes a source of hemorrhage. Hirst reports a case from injury of an anomalous artery. Hewitt has mentioned a case in which rupture of the uterine artery produced fatal hemorrhage six weeks after delivery. Fibroids and polypoids will also cause hemorrhage.

I believe that placentitis and endometritis are undoubted causes of secondary hemorrhages. Placentitis is generally secondary to inflammation of the decidua serotina, and the maternal placental layers may become diseased and possibly produce hemorrhage. No doubt exists in my mind but what endometritis is a tolerably frequent cause of hemorrhage after miscarriage; the endometritis usually being in existence before pregnancy, though it may occur during the pregnant state. This inflammation of the endometrium results in a chronic proliferation and thickening of the decidua vera, the

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adjacent muscular tissue frequently becoming involved. This pathological condition produces hemorrhage by the increased number of blood vessels and their larger size; and owing to the involvement of the muscular structures with consequent impairment of contractility, the blood instead of being shut off by the contractions of the uterine muscles, together with the aid of the thrombi formed in the uterine sinuses, continues to reach the hypertrophied endometrium and escapes in the form of secondary hemorrhage.

Endometritis not only causes hemorrhage as described above, but frequently also produces miscarriage by bringing about a pathological condition of the decidua and placenta. I stated in the beginning of this paper that hemorrhage after miscarriage was more frequent than after labor at term, and this cause is one of the reasons why I think so. It is true that this diseased endometrium might exist at full term, but when the endometrium is diseased to such an extent as to produce hemorrhage after delivery, in the great majority of cases it will bring about miscarriage and never go on to full term.

In many of these cases there are more or less adhered particles of the decidual membranes, for the inflammatory process thickens the decidual membranes and produces adhesions. Sometimes the lower layer of the decidual cells and glandular mucus membrane of the uterus have become softened and are easily broken down. I am satisfied that I have seen two cases in which the hemorrhage was caused entirely by this diseased condition of the endometrium. In one there was a miscarriage at the fifth month of pregnancy, the placenta and membranes came away intact, the uterus contracted nicely, as there was no displacement; on the second day hemorrhage, which had been going on steadily but slightly since delivery, increased. I dilated the mouth of the womb and scraped out the cavity with a dull curette, removing from the entire uterine cavity a superficial layer of broken down tissue that was not, I am sure, adhered decidual fragments. When scraping out the cavity the curette would convey that rough, grating sensation that you get when dragging an instrument over uneven and hard-

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ened surfaces, such as we have in polypoid endometritis. Retained particles of placenta, decidua, or membranes are by far the most frequent causes of secondary hemorrhage; indeed they produce hemorrhage much oftener than all the other causes combined, and especially is this true of hemorrhage after miscarriage, because adhesions exist so much oftener here than at labor in further advanced pregnancy.

When the placenta remains in the uterus as a whole, or even when a large part of it is retained, it is given as a positive rule to remove it at once; but this advice is not always to be followed. If there is a firm contraction of the uterus, the mouth well closed so as to prevent the introduction of the finger, no hemorrhage going on, and especially when there is much rigidity about the neck, manipulations failing to effect dilation, and with it all freedom from septic infection, then I believe it is best to temporize for twenty-four or thirty-six hours, unless some symptom demanding immediate interference should supervene.

Unless there is some urgent necessity for removing a placenta thus retained, it is unquestionable but what the violence exerted in the efforts to artificially remove it will prove more harmful and hurtful than the delay of twenty-four hours. Frequently if allowed to remain for this length of time the rigidity of the neck and the firmness of the contraction will become sufficiently relaxed to allow the expulsion of the placenta free from hemorrhage and all other accidents. I recall distinctly several cases that did excellently under this course; one in a case of miscarriage at the middle of the fifth month, the midwife had broken off the cord in her mad efforts to remove the placenta; the uterus was very firmly contracted, the os tightly closed, and no hemorrhage taking place. I saw no indication for interfering and concluded to wait for twenty-four hours, provided no urgent symptom arose in the meantime. The result proved the wisdom of the decision, for the placenta was expelled twelve hours later, devoid of any complication. Unless hemorrhage or septic infection demand it, I regard it as meddlesome midwifery to attempt the removal

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of the retained placenta inside of twenty-four or thirty-six hours when force and violence are necessary to effect the removal.

Retention of the membranes after labor is of frequent occurrence, estimated at from four to five per cent. of all cases of labor. There is a difference of opinion among the authorities as to whether retained membranes alone are ever a source of hemorrhage, but I have seen a case of secondary hemorrhage when nothing but fragments of the membranes produced it; the retained fragments serving as a nidus for the collection of firmly clotted blood; the fragments were easily removed, lying loose within the uterus, and the hemorrhage ceased at once. Retained particles of placenta are of such frequent occurrence when there is secondary hemorrhage, that it may be laid down as a rule to always explore the uterus for their presence when the hemorrhage is not plainly due to some other cause.

In most cases of hemorrhage from retained placental fragments the flow of blood is gradual and persistent. Immediately after delivery will be a profuse oozing that we are apt to consider only temporary and confidently expect its speedy cessation. Upon palpation the womb feels hard, firm, and well contracted. There will be no uterine contractions, or if any, no more than frequently happen in normal conditions, unless the clots form in the vagina, and pressing up against the neck of the uterus, dam up the os and produce intra-uterine clots that provoke, by their irritations, contractions of the womb to expel them. The oozing continues and increases to a steady flow and may last twenty-four or forty-eight hours before you see the patient, when the amount of blood lost may have been considerable. Upon making a vaginal examination the mouth of the womb is found fairly contracted, possibly not admitting the finger, or if permitting its introduction you can feel some clotted blood that when broken up increases the hemorrhage. This character of hemorrhage is nearly always due to retained particles of placenta. You can not always detect the missing parts of the placenta, you may not see the after-birth at all,

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being called in after delivery; but even when you examine the placenta it is not always easy to detect the absence of small particles that may be left in the uterus, especially when the placenta presents an uneven, lobulated appearance as it frequently does. And even when small particles are retained and the uterus is firmly contracted and no hemorrhage taking place, it is bad practice to needlessly interfere and do some violence merely to remove fragments that are producing no untoward symptoms, and that may never cause trouble. Hemorrhage is ever a serious condition, and invariably demands immediate treatment. No man can say that bleeding in a certain case will cease in a given time, or safely conclude that it may not at any moment become dangerous in extent and even fatal in its result. In treating hemorrhage after miscarriage we must endeavor to ascertain the cause and pursue those measures best adapted to the removal of that cause in each individual case. The cause should be intelligently searched for and correctly located, before any treatment other than temporary in cases of emergency is instituted.

If the hemorrhage is due to anæmia or debility, restore the proper tone to the system and enrich the blood, administer iron and other tonics if indicated; give nourishment in proper form; judicious exercise in some cases, and absolute rest in others. A system of cold baths in some cases acts admirably, and others will require a change of air and surroundings. If a loaded rectum constitutes a cause, empty the bowels. If albuminuria, or obstructive causes in diseases of remote organs as the heart, liver, lungs, &c., the treatment should be directed to the cure or amelioration of these diseased conditions. When malarial poisoning produces hemorrhage, of course the administration of quinine and sometimes arsenic is indicated, and in obstinate cases a change of air would become necessary.

But it is principally with the local causes that we have to deal, because in most cases they produce hemorrhage.

In relaxation of the uterus the administration of ergot, preferably by the hypodermic method, kneading the womb, hot water injections, or intra-uterine application of styptics may

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all prove serviceable; electricity would seem to be indicated, and indeed Dr. Hayd published an article in the New York Record in December, in which he describes some very interesting cases of uterine hemorrhage successfully treated by the faradic current—obviously the inconvenience of carrying the battery materially restricts its usefulness. Dislodgement or disintegration of thrombi demands very active and speedy treatment; hot water injections into uterine cavity and firm packing of the uterus with antiseptic gauze. The gauze taking the place of the dislodged or disintegrated blood clots and exerting a controlling pressure upon the open sinuses. The hemorrhage brought on by the irritation of retained blood clots can usually be controlled by introducing the finger or dull curette and breaking up the clots and washing out the uterus with hot antiseptic solution, with the administration of ergot. I must admit that my faith in the efficacy of ergot in any of its forms has considerably lessened. I regard it in its hemostatic effects as one of the most uncertain drugs, and if relied upon alone will surely disappoint; it may be well enough to administer ergot in conjunction with other measures, but it is a forlorn hope to depend upon ergot alone. Charpentier and Grandin strongly advocate the administration of ergot, together with tamponage of the vagina.

Displacements of the uterus must, of course, be corrected and the womb restored to its normal position, in the meantime hemorrhage may be so profuse as to necessitate the use of ergot, hot water intra-uterine injection, or the tampon. Endometritis as a cause of secondary hemorrhage is best treated by curettment of the uterus and the removal of the roughened, hypertrophied and oftentimes degenerated endometrium. Curetting the uterine walls not only removes diseased tissue which is a cause of hemorrhage, but it also acts as a stimulus to uterine contractions. I insist upon the thorough observance of the aseptic and antiseptic precautions when performing this operation, for we deal with tissue in a condition to readily take on septic infection; the thighs, external genitalia and abdomen should be thoroughly scrubbed and washed with antiseptic

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solution and the vagina freely irrigated with weak bichloride solution.

Whenever hemorrhage occurs after miscarriage, we should expect retained particles of placenta, and if the source of bleeding cannot be plainly attributed to any other cause, we can safely infer that it is due to retained placental tissue and the uterine cavity should be explored. In the majority of cases the os is so tightly closed that it will not admit the finger, then, of course, dilatation must be done and I am partial to the steel dilators; they are speedy, effective and, if intelligently used, no injury will be done. To use them the parts should be exposed by a bivalve speculum, the cervix steadied with the vulcellum forceps and the dilator cautiously introduced and slowly dilated. After dilatation has been accomplished, the dull curette should be introduced and the entire uterine cavity thoroughly scraped out. I would like to emphasize the fact that no harm can be done with a dull curette, and that it frequently requires considerable force to remove some of the retained particles. If there seems a likelihood of hemorrhage continuing after curettment, an application of iodine to the uterine cavity will be advisable, but rarely will the stronger styptics be necessary. Most cases will require an anæsthetic, but where it can be done without, it is best to dispense with it. Some prefer to detach the adhered fragments with the finger, but it would require the insertion of the whole hand into the vagina and nearly always into the uterus. After miscarriage the vagina is not so capacious as after labor at term, it has not been stretched by the passage of a full term child, this renders the introduction of the whole hand into the vagina very painful, and would nearly always necessitate anæsthesia in many cases where the curette would dispense with it. Again, the uterus can be easily dilated sufficiently to introduce the curette and allow the escape of the retained secundines without doing undue violence, but dilatation to the extent of the introduction of the hand is, in my opinion, pregnant with an element of danger. And even after the hand is introduced, the finger is frequently inadequate to remove the firmly adhered pla-

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cental fragments and the curette must be called into requisition at last.

I am aware that there are some occasions when immediate curettement is impracticable, the patient may have been too much weakened from loss of blood to undergo the operation; or the medical attendant may not have at hand the necessary instruments, then of course temporizing measures must be adopted to control hemorrhage; and ergot and firm vaginal tampons are perhaps the most reliable. But as a curative remedy for hemorrhage from this cause there is but one, namely: remove the cause. After removing the retained fragments, if the bleeding continues, and indeed it is always good practice after curettement whether hemorrhage occurs or not, to flush the womb with very hot water. Any careful, intelligent physician can do this little operation, and no unhappy results should ever occur from it, and it is if not the only treatment, by far the best and most effective.

Dr. Edward B. Ward.

I have listened with interest to the reading of Dr. Hunter's paper, and although the subject has been presented in an able manner, I hope he will pardon me if I make a few remarks on it. The subject of hemorrhage is a profound one. From the days of Harvey's discovery of the circulation of the blood down to the present time, it has engaged the attention of the ablest minds.

With miscarriage there must necessarily be hemorrhage, and it is, therefore, followed with more danger to the woman than labor at full term. Goodell has truly said the process is like plucking immature fruit. Hemorrhage certainly occurs oftener at this time. The barriers that prevent it are slight, minute thrombi plug the mouths of the uterine sinuses and threaten to give way at any moment or from any sudden excitement, producing vascular hyperæmia and increased arterial tension.

In subinvolution there is a want of tonic contractility in the

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uterine muscular fibres. When this condition exists, enlargement from hyperplasia of tissue, with any displacement will produce catarrhal inflammation of the living membranes of the uterus, and there follows an enlargement and hyperæmia of the uterine vessels, a patulous condition of the mouths of the uterine sinuses, leaving no contractility of the circular muscular fibres sufficient to close these gaping vessels and prove a barrier to the outflow of blood. It has been said that uterine hemorrhage can seldom occur independently of diseased conditions of the genitalia, and I think it true. I do not think there is any doubt but that displacements produce or are the cause of hemorrhage. I had a patient who had retroflexion and was troubled with a profuse and continuous hemorrhage. The retroflexed condition of the organ caused an obstruction to the circulation at the point of flection and retarded the process of involution, until the displacement could be corrected, nothing I did for the patient relieved her. I agree that retained secundines are oftener the cause of puerperal hemorrhage, and more especially the form of hemorrhage under discussion, because abesions are found oftener at that time.

Authorities differ, as we know, with regard to the removal or non-removal of retained secundines. Schroeder says that if any portion of the ovum should remain behind it must invariably be removed even should the cervix have to be split on both sides to reach it. While Parvin advocates non-interference with the cavity of the uterus in abortion, unless later on hemorrhages and septicæmia are threatend. We are all familiar with Paul F. Mundé's views on the subject, He says, "that the future safety ef the patient demands that the secundines should be at once removed after the expulsion of the fœtus in every case in which such removal can be accomplished without force sufficient to injure the woman." I agree with Mundé. I do not favor the expectant plan. We must not delay in these cases. We are forcibly reminded that the life of our patient is in our hands. Our duty to her confronts us, nature calls aloud for help, and prompt and decided action is demanded. I therefore approve of the immediate removal

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in all cases, where the mouth of the womb is dilated, and, if necessary to forcibly dilate when there is profuse and alarming hemorrhage. But where no hemorrhage occurs and the os is rigidly closed and no symptoms of blood poison, I would then wait and give nature a chance and not advise forcible interference. Yet the uterus must be emptied completely if we wish to give our patient a chance to escape this troublesome and often fatal complication. For removing the retained afterbirth, reference has been made to the use of the curette. I think the use of this instrument should be very much restricted, it may prove a very dangerous instrument in the hands of one unaccustomed to gynæcological treatment. The sharp curette I would never use. Severe injury may result from its use to the endometrium and perhaps rupture of the uterus.

Where the cervix is well dilated I prefer to use my finger, rendered antiseptic of course, and gently peel out and remove the retention, this can be followed by no injury to the maternal structures. It is very true that the retained fragments of membranes may form fibrous polypi by allowing the blood to clot about them and will produce hemorrhage unless removed.

With regard to the treatment of these cases. The fact has been forcibly stated that before we can intelligently treat cases of this kind we must endeavor, as far as possible, to find the cause. If the bleeding is due to local causes, local treatment will be indicated and the more likely will we be successful in controlling such hemorrhage. If constitutional, such as an anæmic condition of the system, then tonics in the form of iron and arsenic, remedies that will increase the red blood corpuscles and bring about such a condition of the body that least favors blood poverty. Various remedies have been used and recommended. The time honored one is ergot and the doctor speaks unfavorably of its use. I always administer a teaspoonful of the fluid extract of ergot immediately after labor whether at full term or not, for I invariably treat my cases of miscarriage with as much care and just as I do those at full term. The injection of ergot hypodermically into the uterine walls has controlled hemorrhage when all other remedies have failed.

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When the os is well dilated there is no remedy better worth trying than hot carbolized or iodized water of the temperature of 110° to 120°. This will flush the uterine cavity, wash away all clots, is antiseptic and will favor contraction. Where a granular degeneration of the endometrium produces the continuous flow of blood, I would introduce the blunt curette and scrape away the granulations and use intra uterine applications of Churchill's tincture of iodine. I had a patient, a white multipara in whom troublesome hemorrhage came on about thirty days after labor. I tried all the hemostatic remedies known without success. I finally checked the hemorrhage by removing the granulations with a blunt curette. I greatly prefer the topical applications of iodine to the Monsel solution, because the iodine is antiseptic and will counteract the tendency to absorption of septic matters into the system. It controlls hemorrhage not by coagulating the blood as does the Monsel solution, but by exciting contraction of the muscular fibres of the uterus. For dilatation of the os I prefer Goodell's steel dilator or the rubber bags attached to Allen's surgical pump. Where miscarriage has not occurred and hemorrhage is profuse, I would tampon with absorbent cotton, antiseptic wool, or iodoform gauze. Where abortion is inevitable, I would quickly and completely as possible empty the uterus, administer ergot and produce contraction by pressure with hand over the fundus.

Uterine contraction is the greatest and surest hemostatic and all our remedies should be directed to that end.

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GANGRENOUS ABSCESSES OF THE ISCHIO-RECTAL SPACES.

BY GOLDSBY KING, M. D., SELMA, ALABAMA.

Member of the Medical Association of the State of Alabama.

I desire to present for your consideration the subject of "Gangrenous Abscesses of the Ischio-Rectal Spaces."

The grave character of this disease, and its peculiar and distinct symptoms, would seem to have deserved of medical writers a better recognition and a more extended notice.

It is, however, upon research, surprising to find no allusion to this disease in most standard surgical works, and but a meager and unsatisfactory description in books entirely devoted to the treatise of this and kindred subjects.

I do not believe this disease to be as rare as one would be led to suppose.

I have had under treatment three cases of this disease during the past twelve months.

In many of these cases there can be obtained no history of previous injury, and the causes which produce them is unknown.

The anatomy of the parts is most favorable to the formation and burrowing of pus, and consequent destruction of tissue.

The fatty cushions of the ischio-rectal spaces break down readily, and the deep connective tissue surrounding the rectum being very loose, to allow the movements of the rectum is a condition which permits an extensive formation of pus and destruction of the parts.

The pus is formed very high up in the ischio-rectal spaces, and owing to the position and some peculiar poisonous quality of the pus, an inflammation resembling in every respect phlegmonous erysipelas is excited.

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The condition of the parts is strikingly like that produced by an extravasation of urine.

This inflammation rapidly destroys the soft parts, generally to within half an inch of the skin.

This gangrenous mass prevents fluctuation absolutely and forms an effectual barrier to the escape of the pus from the abscess above. This accumulation of pus, finding no way of escape, destroys, by the inflammation which it excites, the tissues in every direction; but more especially in the direction of the scrotum along the perineum.

The skin is the last affected in this general destruction. When it is attacked by this gangrenous process, black spots appear upon its surface. These places become dry and as tough as leather, thus retaining the discharges of the abscess completely. The accumulation of pus in the abscess proper is not reached, generally, until the gangrenous tissue immediately around the rectum is penetrated, or removed to the depth of three or four inches. I have then seen nearly a pint of an ichorous and offensive pus pour forth. The flow is always much increased, and made faster whenever the patient bears down, as if to expell the contents of the bowels.

With your permission, I shall here give the history of three gangrenous abscesses of the ischio-rectal spaces. Two of these abscesses occurred in the same person.

Case I. April 18th, 1891, I was called to see Nelson Anderson, black, age 27, a cooper in the employ of the Standard Oil Co., who appeared unusually strong and vigorous. He stated that he had never been sick before in his life. He further said that he had been always temperate in the use of whisky and malt liquors.

The patient has never suffered with constipation, but has always had two regular actions from his bowels every day. There was no history of any injury. He had a temperature of 102 deg., with a quick and irritable pulse. He complained of an excruciating pain in the rectum of a dragging and burning character, which was much increased after a movement of the bowels.

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This patient had paroxysms of pain, recurring about every half hour, in which he seemed to be in the greatest agony. His description of these paroxysms was, that he felt as if there was an immense wedge being forced from without into the rectum, and this always produced an irresistible desire to bear down, which afforded relief for a few seconds, but was soon followed by the most agonizing pains.

When asked to locate the most painful spot, he was unable to do so, but would pass his hand over his buttocks in an uncertain manner. An examination of the rectum, both with the finger and the speculum, failed to disclose any disease. I must confess that after this examination, and for several days thereafter, I had not the most remote idea of the true character of the patient's disease, and was utterly unable to offer a satisfactory explanation of the paroxysms of pain.

However, in order not to weary you with uninteresting details, I will merely state that I determined to treat symptoms, and to await developments. I was able to relieve the patient, after a fashion, by hypodermics of morphine, frequently repeated.

After pursuing this plan of treatment for four days and the condition of the patient remaining unchanged, I determined to stretch the sphincter.

April 24th, after a consultation with my friend, Dr. C. J. Clarke, this was done; but without relieving the sufferings of the patient.

April 26th, there appeared a diffused swelling which was very hard and brawny to the touch.

This swelling extended over the left buttock and perineum, and was very painful. There was no fluctuation. An incision, beginning about an inch behind the anus was slowly and carefully extended forward parallel to and about an inch from the rectum, four inches, along the perineum. There was no discharge of pus. The tissues within half an inch of the skin were in a state of gangrene, and resembled very much parts which had been affected by an extravasation of urine.

After cutting out this tissue to the depth of about three

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inches, the abscess cavity proper was opened and nearly a pint of unhealthy looking pus escaped. This flow was especially noticeable whenever the patient made an effort to expell anything from his bowels.

After removing, under an irrigation of a strong bichloride of mercury solution, as much of the diseased tissue as the condition of the patient would admit, I packed the cavity with corrosive sublimate gauze, saturated with tincture of benzoin compound. I then prescribed two grains of quinine, and thirty drops of muriate tincture of iron, in a mixture, to be taken every two hours, and ordered a diet of liquid peptonoids, egg nog and milk punch. Under this treatment, the gangrene was promptly arrested. The sloughs, many of which were remarkably thick and long, soon separated and were removed. The granulating surfaces were covered with iodoform by means of a Robinson's powder blower, and the wound packed with iodoform gauze.

This patient made a slow but complete recovery, without any tendency to the formation of a fistula.

Case II. July 19th, 1891, I saw Dennis Sanders, a mulatto hackman, aged about forty. The patient stated that he had fever for about two weeks, and had been unable to eat, but by drinking whisky freely, which had been his daily habit for years, he had been able to remain on his back.

As he complained of nothing but the effect of fever, and as at this time we saw very few cases of any other disease, I made a diagnosis of malarial fever and so treated him.

This treatment was continued until July 22, when he said to me that he thought something was wrong at the lower end of his bowels. I then made an examination at once, and found the buttock and perineum immensely swollen, hard and painful, but without fluctuation.

I made a very free incision which disclosed an extensive gangrene of the parts. I then pursued the same treatment as in the first case; but the gangrene advanced rapidly, in defiance of treatment, destroying the perineum deeply toward the scrotum, until a large portion of the scrotum itself sloughed

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off, and exposed the testicles. The gangrene slowly advanced upon the abdomen. At this stage the progress of the disease seemed to be arrested, and I entertained hopes of his recovery. The sloughs had separated over a greater part of the wound, and had left a healthy granulating surface.

At this time, however, an uncontrollable diarrhœa attacked the patient and he died in a delirium, July 27th, eight days after I first saw him.

I was unable to understand the motive for concealment on the part of this patient, until I afterwards learned that two months previous he had been discovered by his wife in the act of adultery, and in her anger she had caught him by the scrotum and had not relinquished her grasp until compelled to do so by neighbors who responded to his cries for help.

Case III. I was again called to see case No. 1 of this paper. He stated that since having the abscess of April, 1891, he had enjoyed perfect health until two weeks ago, when he had plowed some land, and as he and his horse were entirely unaccustomed to such work, he became very sore and tired. Thinking this would wear off, he continued to plow until he was obliged to desist and forced to go to bed on account of the return of the old pain.

This began on the night of the 19th, and when I saw him on the morning of the 20th, he was in great agony, and had an irresistible desire to bear down, as if to expell some foreign body from the rectum. He had a temperature of 103 deg., and was much depressed. His pulse was quick and weak.

I controlled the pain with morphine, and upon the morning of the 21st, without any reason other than a desire to profit by past experience, I made quite a number of very deep punctures into the buttock near the rectum. There escaped from these openings nothing but blood.

February 22d, only three days after the beginning of the attack, I found upon examination, an offensive gangrenous fluid escaping from the punctures, and upon making a free incision the parts were discovered to be already in a state of gangrene.

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The same treatment was pursued in this case as in other cases, with the following exceptions, that instead of applying the tincture of benzoin on gauze I had the patient inverted and poured the benzoin from a bottle into the cavity of the abscess, and while in this position I kneaded the buttock with my hands, with the idea of applying the benzoin to every part of the diseased tissue. I did not pack this cavity with iodoform gauze as before, because I believed it did more harm than good, as I am sure it prevented, to some slight degree, the free discharge of pus. I also used aristol instead of iodoform in the Robinson's powder blower, for the reason the aristol is lighter and is easier applied to the wall of such an abscess, and on account of the odor, which was less objectionable to the patient, and answered the purpose quite as well. Owing entirely to the very early incision, the parts were, to a great extent, preserved from gangrene, and the patient made a very rapid recovery.

He was discharged February 29th, with a very superficial wound, which healed without fistula in about two weeks thereafter.

In conclusion, I desire to say that I believe that neither continuous irrigation nor any form of drainage is practical in these cases. Continuous irrigation is impracticable, if for no other reason than that it would be impossible to keep a patient in the same position for any length of time. Any form of drainage is valueless because no drainage tube could be fixed permanently in these abscess cavities.

I feel very certain that both the danger of hemorrhage and of contraction in healing, has been greatly exaggerated. There was no hemorrhage in any of the four cases which I have treated, although in the fatal case I was compelled to divide the tissues from the anus to the external abdominal ring. And these three patients who recovered after long and deep incisions had been made, were entirely free from fistula or any evil effect or contraction in healing.

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TREPHINING FOR THE CURE OF EPILEPSY.

BY MIDDLETON MICHEL, M. D., CHARLESTON, S. C.

DISCUSSED BY

JOHN T. CHAPMAN, M. D., Birmingham.
JOHN E. PURDON, M. D., Cullman.
ROBERT S. HILL, M. D., Montgomery.

In response to the polite invitation, received from your presiding officer and other members of this association, to participate in the exercises of this session, I must express my indebtedness for the privilege it affords me of sharing in any way in the deliberations of my distinguished professional brethren of the Alabama Medical Association.

In these days of venturesome exploits into fields of surgery, that for boldness and decision justly merit the French appellation of *la haute chirurgie*, no greater intrepidity is displayed perhaps than when we propose to invade the very domain of thought itself, and trespass upon her territories in search of disease. That misgivings concerning the legitimacy of such encroachments have trammeled some, is plainly evinced in the variance of opinion as to the value of the operation of trephining for the cure of epilepsy.

Some maintain that at best this dangerous procedure proves but palliative, since innumerable instances declare that even a year after the operation, the epileptic seizures do often still continue; and that even when a supposed cure has resulted the trephine may have revealed no marked organic cerebral lesion. The consensus among many prominent surgeons, on the other hand, is that trephining is not only curative, but a

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most important prophylactic measure of axiomatic significance in all cases of depression of bone with symptoms of compression after cranial injuries.

Now this conflict of opinion I would wish to interpret by however brief an examination of the reasons influencing such opposite statements respecting the results of a surgical procedure recurring almost daily at our hospital clinics. The exposition of the subject from this standpoint constitutes the principal object of the present communication.

Distrust in the trepan has undoubtedly arisen in part because of the prurient haste with which many have heralded their cures pending a few weeks or months after operating. These instances have often, indeed most generally, led to the inference that patients were apparently relieved but not cured, as the recurrence of convulsions for sometime after the operation seemed so frequently to prove.

It is just here that we must recall the inherent property of the cells of the cerebral cortex to manifest the phenomenon of automatism under the slightest stimulation and often spontaneously from no apparent excitation at all. This is an important biological condition of the cortex. It explains how contractions of an epileptiform convulsive nature, may for a while persistently recur, even though the primary cause that obviously initiated the true epileptic paroxysms—such as a piece of depressed bone, a tumor, or an abscess—has been wholly removed. Manifestations which at first depended upon the advent of afferent impressions may afterwards continue irregularly to emanate almost spontaneously from cortical centres which have been excited to super-eminent activity through long-continued, frequently repeated vehement impressions, from some eccentric source. Through intercortical connections more than one centre may participate in radiating these efferent impulses far beyond the special motor area primordially involved; while the primitive diseased focus itself continues to accumulate a biotic cell force that is irregularly but often paroxysmally dissipated. This increment of energy doubtless depends upon the very metabolic tissue-changes that have

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occurred through hypernutritive processes in the nervous substance or nerve protoplasm; changes that are all sufficient and indeed are quite prone to keep up for a period these autocratic explosions. But let us for a moment suppose these automatic centres separated or cut adrift from all afferent impulses, then, the usual sources of normal stimulation being removed, all excito-reflex expressions will wane away into undulations slowly decreasing in frequency and vehemence, until, coming gradually to a standstill they wholly disappear. To speak in common parlance, such local centres surcharged with nerve energy acquire a constitutional habit of discharging their force, which habit slowly subsides then finally wears away. Now from this physiological view of the spontaneous intrinsic life-history of the brain I feel prepared to maintain, that, where no disorganization of the cortex has yet taken place, surgical interference at the seat of injury with the trephine, elevator, or rongeur forceps, must assuredly cure the patient since we shall have released the cortex from all direct or threatening sources of irritation. Let not the recurrence of convulsive attacks particularly disconcert us; even should these epiphenomena consequent upon the inherent nature of a disturbed nervous system continue to repeat themselves for a season, nay even for a year, diminishing in intensity, experience has more than once shown that we may often look forward to a cure; but more frequently still to amelioration of symptoms in the nature of the paroxysms. Of course it is understood that such attacks making their appearance immediately after head-injuries and persisting with increasing violence consorted with mental decadence should admonish us that organic disturbance is taking place, unless some neurotic taint is disclosed. I believe that if the record of cases of trephining for the cure of epilepsy were invariably postponed until time rectified our misconceptions respecting them, we should realize more frequently the accuracy of this asseveration.

It has again been affirmed, that with disclosure of no trace of disease beyond a scar or bit of sclerosed bone, the cure

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ascribed to trephining would just as well have resulted from carefully conducted general treatment and restoration of health; that the operation in such an instance was unjustifiable perhaps as the case might have been one of hystero-epilepsy. Apart from considering accuracy of diagnosis, without which no one is properly appointed to constitute himself the surgeon in difficult or doubtful contingencies such as are here implied, we must be reminded that experimental irritation of the dura and other meninges are known to produce wide spread convulsions in the hands of vivsectionists. Such experiments show how peripheral excitations frequently bring about epilepsy of a reflex character. Epileptogenous zones are brought into activity from distant eccentric points, but more particularly from immediate cranial nerve implications, as when a scar or cicatrix involves branches of the trigeminus in direct distribution to the dura, pia, or other structures about the brain. It often happens that traumatic epilepsy is induced by a wound of the scalp alone, so entangling and compromitting peripheral nerves in the cicatrix that these compressed nerve filaments become the source of painful irritation. So simple, so peripheral a source has not evidently been recognized by everyone. There are many who will perhaps consider these views as unwarrantable. But, that there is no introduction of subjective fancy or error here has been demonstrated by direct experiment. A nerve-trunk may not have the power of evoking spasms or convulsions, whereas its own cutaneous filaments, under certain conditions may readily possess and present this power. A specially affected or diseased centripetal nerve may absolutely originate an epileptic aura which reaching its centre explodes into a veritable epileptic seizure of apparently idiopathic origin. This I have often seen. Cut away this communication from the centre, and then the pathological condition with its consecution of accompanying events soon disappears.

Such a source of epilepsy exists far more frequently, I verily believe, than is generally imagined. It has been often seen by the prominent in the profession, who, nevertheless, have

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failed completely to understand it. But a few years ago at the Clinical Society of London (Dec. 6, 1879), M. Bryant wondered whether so dangerous an operation as trephining was always justifiable; might not less severe measures be resorted to. He cited three instances in which he could attribute the cure to his having simply incised down to the bone, for he did not trephine, because there was no cranial fracture, yet, the patient was relieved and subsequently had no more fits. Dr. West, in reply, remarked that he could not see on what principle simple incisions into the scalp could operate in relieving the patient. Fracture of the skull without depression may become markedly sclerosed at the point of repair, may affect adhesions to the scalp or dura or both, which adhesions in their turn disturb intracranial circulation to an extent all sufficient to produce changes in the metabolism of the brain cells, and the consequent perverted nutritive processes that ensue sooner or later result in convulsive twitchings of parts under the control of the immediate centres implicated. We can readily understand, therefore, how severance of such compromitted structures relieves them at once, removes all distress, and thus cures this disease, even when no lesion of the brain itself has been disclosed by the trephine. These are the cases in which no disorganization of the cortex visible to the naked eye have ended in recovery.

It is also argued that frequently during the progress of trephining nothing has been discovered in the track of the wound, nor on the surface of the brain—the epilepsy remains unrelieved—the operation proves a failure.

From progressively advancing knowledge of the pathogeny of epilepsy, derived from work done in our modern histological laboratories, I am assuredly more and more impressed with the belief, that epilepsy will in the near future be recognized to depend upon a morbid change occurring in the gray substance of the convolutions, perhaps even in the subcortical tubular substance of the brain; induced not alone by direct traumatism, nor again by any trace of a previous polioencephalitis; but brought about by molecular alterations depend-

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ent upon some defective equilibrium in the blood pressure throughout the capillary work-shop of the part. Whatever may have been said to the contrary by those who have not resorted to the microscope, I am satisfied that a disturbed circulation within the conditional limitations of local foci takes place to a notable degree, which is the first step towards a preternatural exaltation of function in the cortex, as has already been intimated; this capillary disturbance extends apparently to distant parts, for Perigand detects changes in the retinal circulation with marked contraction of the visual field, and we all know that a bilateral or unilateral optic neuritis has not unfreqently been encountered. Now, the ultimate consequence of such vascular disturbance is tissue change, the molecular expressions of which are alone discoverable by the microscope. Recent rssearches upon this subject have detected a marked increase of the scaffold support of the nerve cells—the neuroglia—as Virchow terms it; not simply an hypertrophy, but a veritable hyperplastic augmentation of the connective tissue, with spider-cell prolongations of the neuroglia encroaching upon the cortex cells crowding them out, producing gradually a complete atrophy of these important elements, so that they are scarcely discernible in the condensed mass of neurogliar sclerosis that ensues. Here then the gradual development of this granular, fibrillated, and adscititious texture invades one or more motor areas until, progressing to its furthermost extent ends in the production of nodules over the surface of the convolutions perceptible to touch and sight; adding such density to the encephalon that the brains of epileptics have not infrequently been found of greater weight than those of healthy persons of the same age and size. Until this advanced condition obtains the brain shows no evident alteration of structure, disclosing the cerebral surface, simple inspection exhibits no pathological change, no trace of meningitis, no tumor, no abscess, no dural adhesions, no laceration. This interstitial alteration—this secondary sclerosis—be it remembered is of slow development, occurring somewhile after the initial cause has inaugurated it, which accounts for the almost inva-

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riable delay of the epileptic seizures after cranial lesions. Coming down upon the brain-bark, the surgeon should be specially mindful of his pathology, and not infer that there exists no disease because he finds no disseminated patches of induration; for there also obtains another form of degenerative neuroglia, of a soft and gray nature, characteristic of a gliomatous condition, becoming sometimes caseous. These degenerescences should be sought for and removed, just as we would a sarcoma, syphilitic gumma, fibroma, or any other morbid product. By a better appreciation of this morbid anatomy, and of the normal anatomy of cerebral localizations, we are beginning to designate conditions anticipative of focal lesion and disease. It is thus that we may regard the so-called new disease—"Laryngeal Epilepsy or Vertigo"—as one of direct cerebral origin; expressive of distress in the laryngeal cortical centre at the third frontal convolution, and from its singularly transient and curable nature indicates possibly only an incipient focal commotion, before even any hystolytic changes have commenced; a simple functional aberration in the brain-bark of the "projecting speech centre," due as I have endeavored to explain, to some temporary cerebral vascular repletion, connected with a perturbed and labored respiration. But, so soon as a more progressive alteration takes place in the cortex, we, with almost equal confidence can indicate the particular focal area implicated, and point to the leg, arm, or face centre, as in certain cases of Jacksonian epilepsy.

We are prepared then to say, that, when interfering surgically for the relief of epilepsy, we have encountered no peripheral source of trouble in any morbid condition that has confronted us, it becomes our duty, from present enlightenment on this subject, to determine if possible the brain territory that disease oppresses and to reach the *fons et origo mali* before we hasten to declare that the trephine has discovered no disease and has proved powerless to relieve.

A question aptly suggestive in this connection at once arises: whether indeed bold invasion of a diseased, or supposed diseased, province of the brain itself should constitute a

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legitimate step of the operation? If we are not to stop short of the successful fulfilment which the operation proposes, I unhesitatingly reply in the affirmative; of course qualifying this answer, by an assurance that the distressed centre has been satisfactorily ascertained by the symptoms presented and by application of the electrodes with proper precautions. It is most true, that the procedure has not always been satisfactory, but it seems the rational course. Brain wounds with loss of substance heal by granulations that fill up the cavity. The reparative power of the cerebral tissue is sometimes marked. The uniformity and energy of distribution of nutritive and vascular activity in the young and growing brain, endows it with powers of repair, not always realized in the already organized and equipped brain of the adult, and still less in that which is undergoing the effects of senescence characteristic of advanced life, where the gray substance is altered in thickness and color from the granulo-fatty transformation of its nerve-cells. Yet even at any age surgeons know that the limited escape and ablation of cortical and sub-cortical portions of injured or disorganized brain substance have exhibited wonderful repair and return of function mysteriously performed by neighboring parts or vicariously by the opposite hemisphere.

To these recusant views as to the efficiency of trephining for the permanent cure of epilepsy we will formulate the following reply:

First—Avoid complacent dogmatism respecting failure of the operation because of continued paroxysms for a time after proper use of the trephine.

Second—Where epilepsy depends obviously upon a blow with scar of the scalp, or cranial fracture without depression, removal of nerve implications alone may often cure the disease.

Third—In absence of any lesion whatever in adjacent parts, search for neuroglear or gliomatous sclerosis as the focal disease and excise it.

In conclusion, I cannot forbear narrating one case only of my own as a running comment on what has herein been advanced; but especially because of the length of time it has

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been under my direct observation. More than forty years ago, a lad then of fifteen years of age in Charlotte, North Carolina, was kicked by a horse over the right side of the forehead; remained unconscious several days; frontis was fractured and depressed; escape of pieces of bone kept wound open for a time. One year after cephalalgia commencing interrupted his collegiate studies, which he ultimately completed. Convulsions declared themselves later on, daily augmenting until his memory and general health became sensibly impaired. The fits in number and violence were so great, that on one occasion he fell out of bed and dislocated his shoulder joint. Came to Charleston to consult me as to an operation, and on the day of his arrival had ten convulsions within thirty-six hours. An inch and a half button of bone removed at the seat of injury presented on its cerebral surface an osteophyte an inch in length adherent to the dura, which when raised exposed a visibly large absence of brain substance involving the suprafontal, midfrontal and subfrontal gyri. Convulsions recurred the day after the operation and were repeated with singular vehemence for weeks while remaining under my care. The porencephalia that existed formed such a crater-like depression as effectually prevented any hernia of the brain during the labored respiratory efforts accompanying these attacks. The tormenting headaches and mental decadence seemed ameliorated however, and though for months after he left me, epileptic attacks hopelessly depressed my patient, he acknowledged them to be of shorter duration and less frequent, though they continued to recur for at least two years. Now this operation was performed in November, 1855, he had returned to his home, and I had lost sight of my patient, for more than eight years, when, most unexpectedly, while in the army in Virginia, we met again, and I confess my surprise was as great as my pleasure, to find him at last restored to perfect health as his appearance at once declared; serving in the ranks as a private soldier, undergoing all the privations and hardships of the tented field. Since then he has had a severe attack of typhoid fever, which was followed some years

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after by erysipelas from an accidental fall. He has married twice and for one of his age enjoys uninterrupted good health. This information obtained directly from him in his country resort, also includes the statement that he has no head symptoms and no more convulsions. I have been creditably instructed as to his recent habits of intemperate indulgence notwithstanding which he still remains entirely free from the fearful disease which once embittered a life that was nearly ended.

I have intentionally omitted details of illustrative cases from my own experience and that of others, as they would have consumed time; but have rather confined myself to the brilliant possibilities of the surgery of the future, in its contest for supremacy over those disturbances of automatic activity that constitute the phenomena of acquired erethism in the autonomy of the cerebral cells.

Dr. John T. Chapman.

It is with great pleasure that I have listened to the able paper read by Dr. Michel. It has been a spread of medical knowledge on which I have feasted with great delight. It probably interests me more than some here, because I have had some experience in that line lately, which interested me considerably. That portion of the paper which I propose to speak of, are those classes of cases in which the epilepsy is caused from traumatism. I operated on a boy fifteen years old, who had been suffering from epilepsy, caused from traumatism, for three years. Two buttons were taken out at point of injury, a large spicula of bone was removed, the dura was indurated and in an unhealthy condition. The induration was cut out, the edges of the dura mater were brought together by silk-worm gut sutures. The wound was washed out with hot water, two strands of silk thread were placed in to favor drainage, the scalp was brought together by means of the interrupted suture and dressed antiseptically. The wound healed nicely in five days. There has been no return of convulsions. Sufficient

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time has elapsed to show conclusively that he is entirely relieved.

Another case that I operated on some eight months ago, was a man about forty-eight years of age, who was out riding, and was thrown from a hack and received two injuries on the head, one a little above and superior to the left ear, the other about two inches superior and above the occipetal protuberance. He was dazed at first but seemed to get along very well until the eighth day after traumatism received, when he was taken with epileptic convulsions. They would come on with considerable force and last fifteen minutes. He was having at least one every two hours. This case was of considerable interest to me, as there were two points of injury, either of which might be the cause of epilepsy. But knowing prior to the convulsions, that the action of the heart and respiration were disturbed, the cause of this was pressure on the filaments of the pneumogastric nerve. These filaments were to be traced deeply down through the faciculi of the medulla to terminate in a gray nucleus near the lower flow of the fourth ventricle. Also brochal speech centres were affected, as there was aphasia and paraphasia. With these facts I concluded that the pressure was from posterior injury. He was operated on and two buttons taken out. I found fracture of the internal tables, with fagments of bone pressing into the brain substance, also about six ounces of coagulated blood was removed. The wound was treated antiseptically. On the 27th day after injury, he was dismissed as well. It might be well for me to mention the technique of the operation. Having decided to operate, the procedure and technique at once demands careful consideration. It is in this line of surgery that asepsis must be rigorously insisted upon. Let us be sure of the aseptic condition of the surroundings, instruments, ligatures and dressing, everything that comes into immediate or remote contact with the patient. The most important of all, be sure of yourself and assistant. The head is to be shaven (no half way measure), everything removable is to be scoured out with soap and water, followed by disinfectants. The main fissures

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may be marked out by an aniline pencil, or silver solution as recommended by Church. With a trephine or drill, the scalp is to be transfixed at the exact point decided upon for the skull opening, and the bone scored to secure marking for the operator, when the scalp shall be uncovered and the guiding line on the scalp removed. With a wide horse shoe flap embracing periosteum, the scalp is to be turned back, the base being upward in relation to the patients recumbent position to favor subsequent drainage. The bleeding points may be controlled by hæmostatic forceps. The point previously marked out by drill or trephine is now found and examined for evidences of traumatism. You are now ready to do the trephine; remove as many buttons as necessary, wash out with hot water, put in a few threads to favor drainage, bring the edges together by means of the continuous suture, sprinkle with iodoform, dress with iodoform gauze and cover with borated cotton. By strictly adhering to this technique the operation is made safe from septic germs. In epilepsy from traumatism, the modus operandi is to operate. I claim that if more attention was paid to the so-called minor injuries of the head, where there are pressure symptoms that are not relieved in a few days, if trephine should be done, we will see fewer cases of epilepsy from traumatism. I read a paper before the Jefferson county medical society in March, in which I urged exploratory trephining in epilepsy from traumatism. If nothing is found (the operation if properly done does no harm), it relieves the pressure and in that way relieves the patient until the pressure is resumed.

DR. J. E. PURDON

Expressed his very great pleasure at having such a valuable contribution to brain surgery, and all the more valuable as coming from the lips of so distinguished a physiologist as Dr. Michel. He also was of opinion that operative interference in cases of progressive functional as well as organic disease should not be put off so long, and that great results were to be expected when a correct diagnosis of locality was made from the

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cautious weighing of the pathological signs presented. He ventured to offer a case for the consideration of the younger membersof the profession with the hope that it might be to them a justification for operation in extreme and apparently hopeless cases.

An old man in his seventieth year had nearly the entire squamous portion of the left temporal bone kicked in by a horse on the 11th of August, 1888, which caused a depressed comminuted fracture with laceration and loss of brain substance. Dr. Purdon removed nine pieces of bone of various sizes and the patient made a good recovery. Immediately after the injury, and during the night following the operation, violent epileptiform convulsions ensued, while loss of consciousness and of ability to use words were complete. It was evident that, in addition to the general shock and injury to the the brain, the speech centre in the third left frontal convolution was injured. When consciousness returned after a couple of weeks, in attempting to speak, the patient would ask his son to "chop more wood," when he wanted a drink of water and otherwise showed a complete want of control in the choice of words although he could speak very well. For some time he was much mixed about his words and names, but he ultimately made an excellent recovery and is still well and hearty in his seventy-third year. It would be very difficult to say that the whole work of word guidance is now done by the left speech centre, as the right may have become more or less trained; but it is nevertheless true that there was great power of recovery from extreme injury shown by the brain, and therefore that it might be taken as a safe motto in brain surgery, that—"It is never too late to mend."

Dr. Purdon, in conclusion, asked if any of the gentleman present knew of a perfect recovery from such an injury in a man of such an advanced age.

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Dr. R. S. Hill.

I desire to thank Dr. Michel for the amount of information I have acquired and pleasure derived from listening to his able article. And while I do not feel that I can say anything which will throw more light on the subject, still the great interest that I have taken in it prompts me to make a few remarks on traumatic epilepsy.

We know that local signs of injury are not always present, nor do the symptoms, as a rule, immediately appear, hence we are sometimes unable to get a history of the injury and, of course, have to rely entirely on the symptoms in diagnosing their etiology, but a proper analysis of them, fortunately, will in many, if not the majority, of instances enable us to surmise their cause and if there is a possibility that they are the result of injury, then, in my opinion, we should unhesitatingly trephine, for by so doing we, at least, give our patient a chance of being improved, if not perminently cured, and then too, the operation can not be considered a dangerous one, especially in adults. If any of the brain tissue is removed we will have partial or complete paralysis of that part of the body over which it presided, but experience teaches us that it is only temporary, for some other part of the brain will assume the functions of that which is lost, therefore we should have no hesitancy on that score, in removing diseased brain tissue. All depress bone must be removed if it can not be properly elevated. I believe there are more cases calling for operation than are generally supposed and many failures are the result of not operating soon enough, for delay means a firmer hold of the disease on its victim. Regarding the location for applying the trephine, we should be guided as much or more by the symptoms than local signs.

Dr. Keen, in an article published in the American Journal of Medical Sciences, was inclined to believe that he could, by the use of the Faradic Current, detect normal from abnormal brain tissue. I would like to hear from some of the gentlemen on this point.

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THE PSYCHICAL IMPORT OF VARIABLE ACHROMATOPSIA; AN ORIGINAL RESEARCH.

BY JOHN EDWARD PURDON, A. B., M. D., CULLMAN,

Junior Counsellor of the Medical Association of the State of Alabama.

The title of my paper is rather a formidable one, but shorn of technical language it is a condensed expression for the implication that there exist certain cases of functional nervous disturbance in which variability of the color sensibility is a prominent feature, and that such variation is accompanied by changed mental and physical conditions.

Color blindness proper, a congenital affection, does not directly enter into the consideration of this class of derangements since the color vision in all my cases was at times perfect. Indeed the sharpness of this function was the inlet by which alone I could test the nature of the changes that occurred from time to time in the persons under observation.

The name of Mr. William Crookes, F. R. S., the celebrated chemist, is well known to you all, and his experiments in the line of psychical and spiritualistic research are some of the most accurate on record. The persons named in this paper as furnishing valuable physiological data were some of those with whom he made his most widely published and most startling observations. I have in my possession a photograph, prepared by Mr. Crookes himself, in which he appears with a duplication of one of the sisters of the family I am about to describe, leaning upon his arm, his own account going to show that her natural body was at the same instant lying in a state of trance behind the curtain, before which he was standing, with her double leaning on his arm. I do not here offer any explana-

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tion of the *modus operandi* by which this ethereal body was produced, that being beside our present purpose; but I do offer what I regard as of much more importance to us as physiologists, namely, accurate notes taken regarding the state of that most complex but most directly presented sensorial function, vision, under circumstances directly parallel to those holding when Mr. Crookes obtained his physical data from members of the same family. No one who is inclined to place even a very small amount of truth in me as an observer will feel justified in ignoring the value of these case notes. If these are of no more value than to show that apparently simple sensorial entities are in reality very complex, being constructed out of simpler elements of feeling and so liable to disturbance, on account of the different possibilities of arrangement of such elements in time, number and order, the research is of a certain value from an educational point of view. As a practical matter the inquiry is also useful, for it tends to show that under conditions of nervous disturbance and specific excitement the natural signs and landmarks of objective nature are interfered with. The research shows that the colors so familiar and so fixed may vanish for the time being without interference with the general consciousness or decadence of the intellectual powers, to be restored after a time to their full recognition as permanent elements of healthy sensation.

But it is as a first step into the mysterious region of the unknown, between which and us the sensorial barriers become broken down, on occasions, that I attach value to such an inquiry. In a word, the ladies whose sensorial disturbances I record in this paper were what are called mediums or psychic sensitivities, who have been repeatedly certified to as producing the most genuine and startling manipulations of an unknown power by Alfred Russell Wallace the great evolutionist, William Crookes the celebrated chemist and physicist, and many others distinguished in art, literature and science. Anything of a physiological nature, out of the common, during and after such manipulations must be worth recording, and I hope will be my excuse for venturing to present you with a subject so far out of the beaten track.

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During the last three years I have been bringing before the profession, through two of the leading medical societies of the south, certain physiological and physical matters which I believe to be calculated to throw light upon that mysterious department of psychology which goes under the name of "Psychical Research." On the present occasion I have selected the subject of variable color vision as being one which was urged upon my attention from the fact that I found its most marked indication in the members of a family well known to students of the occult, and who, some fifteen to twenty years ago, were regarded as some of the best mediums in England for the manifestation of the mysterious psychic force which has been the great puzzle and paradox of this generation.

In the middle of the year 1871, I commenced the practical study of psychic science, and some months after I had my attention called to peculiar periodical variations of visual functions in the case of a young lady sensitive with whom I was experimenting. I perceived that she suffered from what I afterwards found was described by Charcot as the hysterical eye, or, at any rate, that her case was related to the latter. For the greater part of each month she suffered from weakness of one eye with loss of accommodation and imperfection of color vision, which, however, were both corrected by a seven or eight inch minus glass. She also perceived black bands or rings drawn on paper to be thickened and doubled in a certain uniform way, when observed through the uncorrected eye, although the sight of the other eye was very good. As this young lady was at that time becoming famous as a medium, I eagerly embraced every opportunity that offered to study such cases as hers, in the hope of finding some clue to the nature of the changes that take place in the cerebral machinery whenever there were present manifestations indicative of the activity of psychic force. I noticed that at a certain time each month both the power to manifest the special psychic activity and the abnormal vision disappeared together, leaving the inference to be drawn that abnormal color and ray vision and the psychic potentiality co-existed in her case, and

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most probably were related in consequence of a strained condition of certain parts of the brain to be determined by other observations.

Further experience tended to confirm this view, for I found, in the case of this young lady, during actual manifestation of great psychic power, a total disorganization of distinct color perception and discrimination, while the evidence of brain strain and congestion was furnished by profuse nose bleeding coming on during the actual exercise of the psychic power. My attention having been turned in this direction, I found several instances of analogous color vision disturbance in patients of mine who were haunted by subjective spectral figures, not dependent upon drink, opium or similar exciting causes. I think I may safely say that in all these cases the cardiac innervation was imperfect—a sign of the general condition of the nervous system.

Some years after I first noticed the above relations, I had good opportunities of studying the vision peculiarities of two sisters of the first mentioned medium, both bright and intelligent young women who did their best to assist me in my research. The elder of these sisters, Miss K. C., was affected in the left eye, generally corrected by a minus glass as in the case of her eldest sister. The younger sister, Miss E. C., was affected in the right eye, generally corrected by a plus glass. This interesting contrast was verified again and again. Their ages were 24 and 18 years.

In my examination of these girls I used Holmgreen's wools, and colored glasses of many shades, and the colors were obtained by passing polarized light through doubly refracting crystals, the latter being very convenient for the study of complementary colors and the variations occurring in the perception of the same.

In submitting the following notes, I wish them to be regarded as an account of qualitative experiments made under conditions quite unfavorable to quantitative, and, more properly speaking, scientific observations. I can at any rate vouch for them as representing the facts and as fully supporting my

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trust in the value of similar experiences with other persons of the mediumistic or sensitive temperament. I can positively say that I have never perceived a gross contradiction corresponding with an attempt to deceive. Order in disorder, for the time being, is what I have observed. Any new departure, corresponding to some past peculiarity of the sensitive organization, had only to be followed up to be identified as a member of a class.

April 29th, 1883, Miss K. C., a wonderful medium for all kinds of physical manifestations, was examined with the double image prism previous to sèance. She could see with the left eye but one image of a pencil mark ring on white paper, that one which was most refracted. She placed the point of a pencil a good way outside the circumference of the circle when asked to put it exactly in the centre. As the paper was moved the ring was unstable in its position. The prism showed two rings in the ordinary manner to the right eye. After the sèance she could not see at all with the left eye. The right eye remained unaffected.

Miss E. C., before the sèance, saw the two images through the double image prism, but much separated from each other. She also remarked, when she looked at the ground glass globe of the gas lamp, that one of the images, that which was most refracted, showed broad colored bands taking up nearly the whole of the outline, in place of the normal mere edging of color.

May 2.—Miss K. C. could see only one image through the double image prism held to the left eye. When that eye was supplied with a seven inch minus glass she saw both images quite well. An experiment was then made with plates of of selenite between two Nicol's prisms. The color of the purple and greenish yellow selenite were called blue and yellow, but when the true blue and yellow selenite was placed between the two Nicol's prisms the colors were not recognized at all. Thus it appears that red and green, which were components of the purple and greenish yellow, were unperceived in the first pair of colors, while the blue and yellow, the *in-*

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ferred perception after such abstraction, were not perceived when *directly* presented in the second pair of selenite colors. After the sèance, which was a very good one, the medium could not see with the left eye; the correcting concave glass, which was useful before the sèance, having, after it was over, no effect in restoring her sight. The circulation, judging from the radial pulse, was weaker on the left side than on the right after the sèance and neither ring could be seen through the double image prism.

Miss E. C. was examined before the sèance with the double image prism and also with the selenite plates. She saw the two images correctly, and also the colors, but afterwards though she could see the two images through the prism she had lost all sensibility for color on the affected side. Both the young ladies were examined with the colored wools after the sèance; they had lost all power of distinction.

A careful observer called my attention to a circumstance she had noticed and which had a bearing upon the variation of color perception in the case of Miss K. C. On the fourth of May, after walking through town and feeling tired, she was affected with transient right hemianopsia; that is, she saw with the left half of each retina, the other half being but little responsive to the stimulus of light, or rather the visualizing centers in connection therewith. But the dark half-field proved on trial to be more marked for the right eye than for the left. When looking at a face she saw only the half of it, but she could see distinctly the whole of a bright gas flame. With the left eye she could see a shaded half face, the other half being distinct, while with the right eye she could see only the half face, the other half being perfectly blank. When examined with the purple and yellowish green selenite, placed between two Nicol's prisms, the left eye saw the colors correctly, but to the right eye the red-violet or purple was reduced to blue and the greenish-yellow to yellow; that is to say, the red was cut out in the one case and the green in the other. Shortly after the examination, while moving about, she got a headache across the eyes, when on trial the hemianopsia had

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disappeared and the colors were the same exactly to the two eyes.

This lady at times, when similarly exposed to the sun and to fatigue, had become temporarily aphasic, evidently on account of irregular circulation in the cerebral cortex. Physiologically speaking, her case was in many respects an exact parallel to those of the psychic mediums here described, and, therefore, calculated to throw some light upon them.

May 6.—Miss K. C. was examined in good light before the sèance. She had remarked while out walking with me that red and yellow tulips appeared to her as "gray." Examined with the colored wools—red, dark red, blue, dark blue, light blue, yellow and blue-green were all called "gray." A seven inch minus glass corrected the achromatopsia completely. When using the double image prism she saw but one ring with the left eye, but with the minus glass added she saw both rings. When a beam of polarized light from a Nicol's prism was passed through plates of selenite and the double image prism added to complete the combination, she saw the double beam in complementary colors with the right eye, its normal appearance, but to the left eye it showed as a single colorless beam. This was true for the blue-yellow selenite, and also for the red-green, or, more properly, blue-red and yellow-green; a single colorless image was in all cases perceived. When, however, the left eye was armed with the seven inch minus or concave glass, the vision of the left eye was exactly the same as the right. After the sèance (and I may remark that all the sèances here referred to were satisfactory in the way of manifestations of extraordinary activity), she could not see at all with the left eye; neither color nor ray vision remained. The glass so marked before in its effect did not restore the color of the wools, which were all described as "grays."

Miss E. C. was examined the same day. She called the green, blue and yellow wools "gray." Dark blue was called very dark gray. The cherry red and dark red she called "dark red" and "very dark red." With the double image prism both eyes behaved alike, vision being normal. A check

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experiment was then tried. On overlapping one of the images of a piece of green glass, looked at through the double image prism, on one of those of a piece of red glass placed near it, both being held up against the light, she did not perceive the change that under ordinary circumstances is due to the superposition of lights of different colors, she simply experienced the sensation of redness, the green being entirely absent from her apperception. The images of blue and yellow glass overlapped as "gray" without any change being noticed. The eye was then reinforced by a strong convex glass, and she saw all the colored objects when brought to a distance of four inches from the eye—the green required to be brought nearest. Outside of that distance the red alone was seen as a diffused light red. When tried with the selenite plates she saw the red-violet and yellowish-green as violet and yellow, using her sound left eye, but with the right eye, that which was the peculiar one, she saw only the red or red-purple shade, the yellowish-green complementary being entirely absent.

This young lady was examined after the sèance, during which she was for a short time "entranced." It was found that she had lost all color sensation on the left side. The double image prism showed double images without color; the wools were all "gray" to the left eye. She remarked that the double images of a pencil mark ring as seen by the left eye appeared much larger than those seen by the right eye. They had to be brought much nearer to the eye before their circumferences touched than in the case of those seen by the right eye; say, about five inches in the former case, and ten in the latter. Before the sèance this distance was the same for both eyes, as I had noticed after careful observation.

May 27th.—Before the sèance Miss E. C., in day light, saw through the double image prism two images when using the weak left eye, though she could not perceive the colors of any of the wools offered for inspection. The sight of the right eye was quite normal. After the sèance she saw but one image of a ring drawn on paper through the prism when the left eye was used. The concave glass corrected the defect,

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and enabled her to see both. During the sèance, which was held in the dark, and where many lights were seen flitting about, she remarked that she could not see the lights doubled by the prism. She over and over again said she saw the light very small and simple, and this she said was the case with the two eyes. While examining her after the sèance and while her weak left eye was corrected with the concave glass, to enable her to see the double image of the ring, pressure was accidently made on the right eye-ball, that eye being closed at the time; she immediately remarked that she saw four images! This extraordinary observation was repeated again and again with the same result. These images did not fade out as the prism was turned round. Before, when she saw the second image through the aid of the concave glass, one image faded out as the prism was turned. On the same occasion Miss E. C. could see the double image through the prism before and after the sèance. She saw the colored wools somewhat better than usual; she could see red pretty well, both dark and light, but she called the blues "greens," and the yellows "gray." During the sèance, she declared that she saw the lights which appeared in the dark room double, but this proved on examination to be in all probability due to want of proper adjustment of the axis of the eyes, so as to let the rays fall on corresponding points of the retinæ; for when each eye was closed in turn the lights appeared to be single to the open eye. I merely mention this to show that rational precaution against error was always observed.

It appeared from observation that every member of the family, including the mother, three daughters and one son were more or less the subjects of abnormal color sensibility. It was ascertained that Mrs. C., the mother, possessed the following remarkable peculiarity. On being given light pink wool to match, the left eye being closed at the time, she picked out a darker pink from a group of colored wools. She was then given the same pink to match, the right eye being closed, and she picked out a very light brown. But strange to say she matched colors well when using both eyes. She gen-

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erally makes choice of lighter shades with the left than with the right eye singly. There was also in the case of her son, a youth of eighteen years, a difference of color appreciation on the two sides without pronounced achromatopsia, as in the case of his three sisters.

The following notes are very interesting as throwing light upon the puzzling question of deranged color vision: Miss K. C. was examined with colored glasses on January 16, 1882. On that occasion she exhibited the remarkable peculiarity of reverse color vision for red and green. When green glass was held to her left eye, the right being closed, she at once said, "red, a nice bright red." This was said to be the same sensation as when red glass was held to the right eye. Again, when red glass was held to the left eye, the right being closed, it was called "green." It was said to cause nearly the same feeling as when green glass was held before the right eye. The same was found to be the case after a sèance on the 18th of January, the colors, however, being darkened, while yellow light was called "gray," and blue and yellow light "black." All the colors were restored when a concave glass was held outside the colored plate at a distance of four inches. When held closer to the eye it had no effect. These experiments were several times repeated with the same result.

On January 29th, 1882, an interesting observation was made in the case of the eldest sister with whom I had experimented ten years before and with whom I had first studied the psychical import of variable color vision. When a plate of green glass was held before her weak eye she said the light was "gray," but immediately on its removal she said she saw "violet." When red glass was held to her eye she said it was "gray;" then, when it was taken away, she said she experienced the sensation "green." This may be relied on as certain. With her good eye this remarkable peculiarity was less pronounced. It will be seen that it gives the key to the reverse visions of her sister, described above. The elder sister showed what I may call semi-reversal.

It appears from these results that both red and green sensa-

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tions may be excited by the same physical cause; but the special sensation is determined by the state of the organism at the time. The theory of color blindness advanced by Mr. W. Stanley Monck of Trinity College, Dublin, receives support from the above observations on reverse vision. His idea was that in true color blindness, owing to a functional peculiarity of the organism the pair of complementary colors were excited together with a neutralizing effect, by the presence of the stimulus corresponding to either of them acting on the retinal expansion.

The conclusions to be drawn from these experiments appear to me to be as follows:

1st. Nervous states with a tendency to hysteria may be accompanied by a derangement of accommodation in one or both eyes, which is indicative of a more general defect of "attention" on the part of the automatic centres of the brain, whereby the elements of sensation are generally combined into higher psychical complexes. Observation with the opthalmoscope and otherwise led me to the belief that functional inactivity depends rather upon a deficient supply of blood than upon direct inhibition. I found that forced attention restored the visual function in one of the sisters when I used a distorting instrument, "Stokes' lens," to excite her curiosity when looking at small type.

2d. The existence of this state is a predisposing cause in the manifesting of psychic phenomena, such as are usually shown by respectable mediums under test conditions, at least in the instances of the young ladies here referred to; while the nose bleeding and the aggravation of visual defects in them gave direct evidence of congestion or stasis of blood in the brain and probably also of anæmia in varying and unknown degrees, the latter supposition being supported by the trains of objective nervous symptoms so commonly seen in the case of "mediums" during "manifestation."

3d. The actual occurrence of extraordinary psychical events being provisionally granted for the sake of an application of physiological theory, it appears very probable that the

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relationship of the cerebral cortex to the muscular system is profoundly modified, and to such an extent that psychical states find other modes of expression than those depending upon the mechanical influence of a visible and tangible intervening substance, the nervous system being thereby placed in a more direct relationship with the space content.

The correlation of the visual and muscular systems being found by observation and experiment to have been interfered with, it is allowable to speculate upon possible manifestations of psychical activity in which heat does not play so prominent a part on the psychical side of the sequence, other modes of vibatory action taking its place, with a corresponding change in the psychical chain. There is a complete analogy afforded in the region of mechanical philosophy when physicists attempt the direct transformation of latent energy without the intervention of the steam (heat) engine, muscle being a heat engine and the most economical that we know of.

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PHYSICIAN'S MORAL STATUS TO PEOPLE AND PATRONS.

BY BARCLAY WALLACE TOOLE, M. D., TALLADEGA,

Junior Counsellor of the Medical Association of the State of Alabama.

You have already listened to able, interesting and scientific papers on various subjects of our profession. You have heard of bacteriology; of how disease is established in these bodies of ours, and transmitted to others through subtle and mysterious agencies. We have heard an instructive discourse on Puerperal Septicæmia, that dreadful disease which so often sweeps away the mother when so much needed by her family. Then we had brought well and forcibly to our consideration a kindred subject, "Antiseptic Midwifery," pointing out the way to prevent the alarming disease, to which we have just referred. We have had a bright and interesting treatise on penetrating Wounds of the Thoracic and Abdominal Cavities, which, though of rare occurrence to many physicians, yet when they do occur, are of the utmost importance. We have listened to an instructive address by one of long and varied experience on the wasting diseases which attack the nerve centres, and often obliterate the difference between the noble God-like being, man, and the beast of the field.

We have just heard a paper from a scientist, who by long, patient and exhaustive research has elaborated ideas and theories highly interesting to the advanced literary and scientific man, but perhaps cannot be fully digested and utilized by many of our profession.

What I shall endeavor to bring to your consideration will be plain, practical, every day thought; nothing new or startling which will apply to every man who practices the medical pro-

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fession; no difference what his position or grade may be, whether his services are rendered to senators, railroad kings and millionaires, or to men of low estate, who live in cabins.

Then, in the first place, as propositions to be accepted, I want every physician to realize and appreciate the magnitude, the far-reaching possibilities, the justly high plane of his profession; and that for nobility of action, for the exhibition of the best characteristics of man, for its almost unlimited field for doing good, no profession is superior to it.

When the members of the profession accept the propositions just enumerated as facts, then will they to a great degree feel the responsibilities devolving upon them. Then too, much of selfishness must be laid aside and our thoughts and actions given to the welfare of the people.

Then the question arises, in what way can we as a profession do good to the people. I answer, one way is, to insist on a higher and more thorough education, both literary and professional, for those who enter the profession. Cannot I appeal to many who are before me for the truthfulness of the assertion, that there are too many now in the profession who are lamentably deficient in some of the most important qualifications necessary to make true and competent physicians? Have we not in our professional lives had cause to be mortified at the almost criminal ignorance and incompetency of some so-called physicians and the gross immorality of others? Who else in the community are so capable of judging of the character and qualifications of the physician as those of his own profession who meet him from time to time in discharging his daily duties? Then if the statement just made be true, viz., that we do know there are in this broad and favored land of ours men engaged in one of the most important and sacred of all vocations, who are incompetent and in various ways unfitted for their duties, does it not become a moral duty we owe as physicians to the people to make earnest efforts to correct this evil, and endeavor year by year to raise the standard and plane of the medical profession so high that these half educated, half qualified men cannot have a place in it? In our state

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where there is as good a system organized for this special purpose as exists in any one of the United States, yet even here it is a known fact that we have within the pales of the profession those who should have been kept out. We may, with some justice say, that there are medical colleges in the United States who have a low standard of graduation, who annually give passports to our ranks which should not be given.

It is also a commendable fact, that very many of our medical colleges in the last few years have realized the great importance of this matter and their duty to the public, and have greatly elevated the standard of graduation, requiring evidences of educational qualifications before matriculation, or if not then, before graduation; and also in making the curriculum more thorough, and extending over a longer period. But perhaps the most important factor in this great work of reformation and elevation, rests with the individual physician. It is this: let every physician refuse to receive into his office any one who proposes to study medicine who does not possess natural ability, proper educational qualifications, and integrity of character. When this is done we will have less abuse of medical colleges, because they send forth graduates of questionable ability and character. Perhaps some will say that such a course in this free land would be illiberal and arbitrary; that there should be no obstruction raised to prevent any one entering the gate-way to any trade, business or profession. It is indeed a free country, but the very great degree of that freedom reqnires that there should be some restriction or check to protect the people from serious dangers. The charge that an educational qualification would be prohibitory, cannot be maintained. In this land with its free public schools, its magnificent colleges and institutions of learning, erected by private munificence or fostered by governmental aid, the energetic and determined youth can, if he will, force himself through and to the front and become equal, intellectually, of those who have been more favored financially.

Then let me emphasize the duty and obligation resting upon us as physicians and as individual members of that profession

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to unitedly and constantly persist in our efforts to elevate the character, qualifications and standing of those who are already in the practice, but more especially of those who will enter it in the future. The people must learn through our profession the value and importance of this great work in which their health and lives are involved, and they must be educated in this matter, though it may require long and persistent efforts to accomplish it. In this way we can educate the people to pass, through their representatives, better and more effective laws, and enforce them through public sentiment. It is a a philanthropic work and duty in which every physician is called upon to do his part.

Then, sirs, realizing, as we do, the vast importance of this effort for reform, improvement and elevation in the membership of our profession; convinced as we are, in our judgment and by observation that this advancement is demanded, let us accept it as a high moral duty to advocate it earnestly and continuously, undeterred by the prejudice of the ignorant, or the opposition of the demagogue on the hustings or in the legislative halls of the state. Let us press onward and upward till the medical profession of Alabama shall occupy that high position for knowledge, skill and integrity of character on the roll of the sisterhood of states which she now holds alphabetically. Let us not be content to relax our efforts in this grand effort for the betterment of our people till this high eminence is attained, and then we may exclaim, and not till then, "Alabama, here we rest!"

SANITARY KNOWLEDGE FOR THE PEOPLE.

We come now to another duty due the people from us as a profession and as individual members of the profession. It is this: We ought in various ways to disseminate those laws and truths among the people in regard to hygiene and sanitation which are so essential for the preservation of health and the prevention of disease.

Perhaps, since I have endeavored, in a very imperfect way, to enforce the thought that the physician owes certain general

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duties to the people and to the commonwealth, the question has been asked by some one present, "Am I my brother's keeper?" It is a question that has been often asked, since the time it was asked thousands of years ago, when the correlative and dependent relation was established in the great brotherhood of man. But in this advanced and enlightened civilization of the closing years of the nineteenth century, it is a strange question to ask, and especially so for one of the medical profession to propound.

If there be one whose vision is so warped by sordid ambition, or who is so wrapped in selfish thought, that he cannot see and feel it to be his duty to aid and help suffering and burdened humanity, of which he is an integral part, then he has my commiseration. If there be those who have entered the profession *only* for the emolument and social position, who have no broader, nobler aims, who have no desire to *do good*, to prevent disease, to relieve the suffering of the body, or the anguish of the heart and mind, to elevate and restore the fallen, to such I would say, you have mistaken your calling; you have failed to grasp the grand and god-like duties and aspirations of a profession whose votaries, when *they* recognized these high aims and obligations, have in all the ages of the past been honored as the peers of those of any other profession.

Then it is one of the highest duties of the members of the profession, and is being more thoroughly recognized by them as a moral duty, to increase the medical education of the people and instruct them in those ways and methods by which disease may be prevented and death decreased. And how shall we as individual members and as a body accomplish these important objects? Where there is ignorance of law, and the baneful effects which flow from its violation, the first duty is instruction, and the acceptance of the truism, "knowledge is power." The converse of this is also true, "ignorance is power," for where there is ignorance of the great laws of hygiene and sanitation, of the course and manner of the propagation of disease, then do we see sickness, suffering and death spread from family to family over an entire community.

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THE SCHOOL SYSTEM.

Then one of the best and most effective ways of inculcating the great and fundamental truths of hygiene and sanitation, which will bear fruit in the future, is through the almost universal public school system of the country. Here in the minds and hearts of the boys and girls, let there be daily instilled from well digested text books, and also by example, the lessons and principles of the laws of health and sanitary science, which will be carried into their homes, and year by year the great popular mind will be enlightened. As a result, the invaluable virtues of cleanliness, of temperance, in its broadest sense, and the principles of right living, will be appreciated, and much of the sickness and suffering will be eliminated which now comes from the ignorant violation of the well established laws of hygiene and sanitation.

In furtherance of this great object, we might well adopt in this country the *sanitary supervision* of schools, which has for nearly twenty years been successfully operated in the schools of Brussels, Belgium. It is briefly this: "There should be appointed in each town or city one or more physicians especially trained in sanitary science, and paid for their services, whose duty it shall be to keep themselves fully informed of the hereditary tendencies and exact physical condition of the pupils; to make all needed suggestions in regard to physical culture, or lightening of mental tasks; to see that the hygienic condition of the school buildings is correct, and to aid in the diffusion of a knowledge of the laws of health, by giving familiar lectures, from time to time, to the teachers and older scholars on subjects connected with practical physiology and hygiene. In short, popularize sanitary science through the medium of the public school system."

Again, another method to accomplish this end will be suggested, as it was made by a prominent physician before a body of medical men in another state. I will give his own words, which are entirely suited to our state and county organizations, and leave them without comment; "That the medical organi-

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zations of this state shall be invited by circular letter, from the officers of this Association, to appoint, annually, a special committee on 'Popular Sanitary Science,' whose duty shall be to prepare or supervise familiar articles for the secular press, on subjects involving the care and protection of life and health of the individual, and of the community, in accordance with the accepted principles of sanitary science; and that the state and local boards of health shall also be solicited and urged to publish, for free distribution through the medium of the public schools, tracts on 'Practical Sanitation.'"

THE PHYSICIAN'S MORAL STATUS IN RELATION TO HIS PATIENT.

We come now to speak briefly of the individual physician in his relation to his patient. We shall not enlarge on these ethical rules so generally known and accepted, but unfortunately too often violated in letter and spirit; we shall endeavor to enforce some moral truths and obligations which perhaps may not be found in any written medical law, yet are nevertheless important and binding, if we place ourselves on the highest plane of our profession.

Perhaps there may be some before me who will reject the proposition and the well grounded belief which I hold, viz: that every sane man is a moral, accountable, immortal being, and according to his ability, acquirements and opportunities, will be required to give an account of his stewardship in the great "hereafter." If there be such present, those who consider man only as an intellectual animal giant, who believe that as the beast dies so does man, that this brief life is all; that *only* in *this* life does ill doing and the violation of sacred, social and family obligations bring its punishment, then by such my words will be rejected, it may be, scoffed at.

I am satisfied that too many do not fully realize or comprehend the magnitude of their calling, and the power in their hands for good or evil and an adequate sense of their individual responsibility. Too many enter the profession at an early age, having very improper conceptions of the duties and labors before them. It is to many a mere occupation, a business of

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dollars and cents, with no grand benevolent spirit actuating them. It is true that it is a business, but it is far more than this. It is a grand field in which the noblest and best principles of our humanity can be manifested, and where the true nobility of man can be shown. Do not consider it mere sentiment when I assert we do not sufficiently reflect upon the moral side, which so often presents itself to our attention. The importance of the far-reaching influence and the deep and peculiar responsibility of each individual physician is not, cannot be fully understood or appreciated by him unless he is fully conscious of his obligations and of his personal accountability to God and the sense of duty, which such an acknowledgement imposes. The physician cannot ignore his own higher and spiritual nature, and that of his patient. He cannot enter the loftier walks or solve the deeper problems of his profession, without admitting and realizing this complex nature of man and feeling its influence upon himself and its reflex power upon his patient.

Privileged as he is to enter the inner chambers of the home with its most sacred things in his knowledge, so full of power for good or evil, he cannot be equal to the demands oftentimes made upon him, unless strengthened by a deep moral and religious principle. If controlled by such a principle, feeling his individual accountability, and also more thoroughly appreciating the great problem of life and its object, he would more often approach with greater care and thoughtful consideration the chamber of the sick, where life and death are the combatants, and where the issue is of such immeasurable importance.

I would magnify the antiquity, the dignity and usefulness of our profession, not in a spirit of pride and laudation, but chiefly to stimulate each member of it to strive with diligence and noble ambition to meet the demands and responsibilities imposed upon him. It was consecrated and ennobled for all succeeding years nearly nineteen centuries ago, when the "great physician" manifested his great philanthropic heart as he went about among the people healing all manner of dis-

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eases, and in healing the body, he often reached the diseased soul and gave life and health to it. And so it has ever been since. The physician is daily called to administer to the suffering body, and often through it, the diseased mind is restored, and he is able to bring comfort and blessings to many households. He, more than any other man, moves through all grades of society, mingling with the high and the low, the virtuous and the vile. He is welcome in the chamber of sickness as a friend and deliver, and while soothing the pain of the sufferer and giving rest to the body, there often opens up the opportunity of pointing the weary soul to that other and better rest in the great beyond, thus touching chords which may vibrate in eternity.

When we consider that the relation which exists between the physician and his patient, is necessarily so intimate and confiding, more so than that of any other outside the sacred family ties, is it not eminently proper that the physician should possess the strictest rectitude, and every moral attribute of the christian gentleman? Think for a moment of his place and power in the family life; he is introduced by his ministries into the inner shrine of the home, and is often made the custodian of secrets imparted to no one else. Sometimes it becomes necessary that he should hear the tale of the weary wife, trembling and tearful under the nervous strain laid upon her —perhaps all unconsciously—by the strong and unthinking husband, and unless imbued with a high sense of honor and moral obligation to interests so delicate and far-reaching, he will prove to be weak and false on such consecrated ground.

Reflect upon the value of the family to society and the state. The "family"—what is it? It is the very corner-stone, the fountain spring of society, and upon which the superstructure of government is reared. To that degree that the family is kept pure, elevated and refined, will society and the commonwealth attain.

As we remember then, how, as an every day matter, the physician can be marring or moulding this foundation of social life, are we not impressed with the conviction that he who

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ministers in such a field, wielding such a power for weal or woe, should be of pure heart, chaste in conversation, honest in action, irreproachable in character. He should possess those virtues of self consecration and self denial, which will enable him bravely to endure the slights, crosses and ingratitude which may come to him, and which will give him the power to resist the temptations of various kinds that will meet him, and so be a true and trustworthy repository of personal and family honor.

There come occasions when apparently his skill and superior knowledge is questioned, as where in an intricate and serious case the friends and relatives are deeply anxious as to the result, and their fears may even warp their judgment. In such a case, they desire all to be done that human skill can do, and ask that some medical counsellor be called to aid him in the case. It is then that the noble and philanthropic heart of the physician is manifested, or else the reverse will be the case. Now and then in such a case—to the credit of the profession be it said, it occurs very seldom—there is to be found a physician who, wrapped in selfishness and arrogant in his presumption of possessing superior knowledge, shuts his ears and eyes to the requests and tears of anxious relatives for other medical aid, till perhaps when his patient is *in articulo mortis*, his personal vanity gives way, and a professional brother arrives in time, it may be to assure the attending physician that his patient is surely dying.

There are young men before me to-day. Let me suggest, that it is a high moral duty you owe your patient to give him the best aid and attention in your power, and not let your little selfish personal pride thwart the wishes and entreaties of the patient and friends. Perhaps all before me have seen the anguish and sorrow of a household, where some loved member has been removed by death; but perhaps a corresponding sorrow has never entered some of your homes. You have not stood by the bed-side of a loving daughter or promising son, and watch the life spirit leave its earthly casket. You perhaps have not felt in all of its unutterable bitterness the hour when

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that tenderest and most sacred of all human ties is broken, when the wife, whose life is as precious as your own, is taken from you. When you have had such experiences as these, then you will realize, as never before, the deep moral obligations upon you as a physician. You will then enter the chamber where death is hovering, with gentle tread and bated breath and prayerful consideration, knowing more fully than ever before the significance of that event, when death removes a loved one from our embraces.

Let me, in conclusion, quote the words of a distinguished southern minister, uttered some years ago, who had in a large southern city many opportunities of becoming well acquainted with the physicians of that city.

"I pray that a profession which is venerable from its great antiquity, ennobled by the genius which in every age has enlarged its treasures, and surpassingly beautiful in the principles of charity and beneficence on which it is founded, may also be crowned with grace and hallowed by religion. Let true piety adorn its votaries; let their mission be one of salvation to the soul, as well as to the bodies of men; then shall the skill which rescues from the grave, be only the type of the grace which redeems from the pit; and the gratitude which is the solace of their toil on earth, will be the earnest of their reward in Heaven."

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DYSENTERY IN SOUTHERN ALABAMA.

BY JAMES A. WILKINSON, M. D., FLOMATON,

Senior Counsellor of the Medical Association of the State of Alabama.

DISCUSSED BY

REUBEN H. DUGGER, M. D., Gallion.
JACOB HUGGINS, M. D., Newberne.
JOHN E. PURDON, M. D. Cullman.

The title to this paper has been selected because the writer has been led to think, through the writings of medical men in other parts of Alabama and the adjacent southern states, that from local influences, there must prevail a somewhat milder type of the disease in question, along the Alabama gulf coast than is seen in some other localities.

While dysentery in southern Alabama occasionally presents all of the clinical features, in a series of cases, given by systematic writers, yet the large majority of the cases are so mild as to be in striking contrast with the history of its severe and protracted course, as written by some of our authors, and the considerable fatality which statistics furnish. When I located in my present field of practice, I found many of the calls were to attend cases of dysentery, as well as much of the office prescribing was for the same malady. My experience with the disease, gained principally in Kentucky, had not taught that it could be jugulated; hence the endemic became a pretty exclusive study for some weeks, with results at first, not much more comforting to myself or patients, than formerly. I learned from different authors of the varying success attending the saline treatment in private practice, and of the more

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encouraging experience of the northern and southern surgeons during the war between the states; consequently, with many misgivings, I carefully tried it to gain increased faith in its curative powers with every case that came under my care. In the lull which came after the busy season had passed, I obtained Bartholow's *Materia Medica and Therapeutics*, in which was found strong advocacy of the saline treatment in dysentery. Modifying my formula by Bartholow's suggestions, when called to treat an acute case, the administration of remedies will be briefly given in these prescriptions:

℞.—Sulphate of magnesia, two and a half ounces; aromatic sulphuric acid, two fluid drachms; tincture of opium, fifty minims; water, six fluid ounces—mix.

Dose.—One tablespoonful every hour and a half, followed by a wine glass of water, until the actions shall be free and without cramping or straining. Six ounces of this mixture will generally give all the evacuant treatment required in an acute attack, unless the physician may have been called tardily, and it will so deplete the hyperæmic mucus membrane of the bowel that pain will be quite subdued, and extremely rarely will the patient present that exhausted condition sometimes witnessed in those who have been subjected to the mercurial, the opiate or the astringent treatment. If tenesmus continue after the bowels shall have been freely acted upon and the tormina relieved, an enæma of starch, as thick as it can conveniently be used, with 20 grains of subcarbonate bismuth to the fluid ounce is to be given. The tolerance of the bowel will govern the amount of this enæma, but usually in practice, two or three bulbfuls of a No. 2 syringe are injected. After ceasing to give the saline the following opiate and astringent prescription will be administered:

℞.—Powdered opium, four grains; ipecac and camphor, each two grains; acetate of lead, half scruple—mix and divide into ten powders.

Dose.—One powder to be taken every two to four hours until the bowels gradually cease acting. In from twelve to twenty-four hours, after the bowels shall have ceased acting,

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through the effect of the powders, if they do not move spontaneously, I direct an enæma of quite warm water to be given, and if this do not give some movement, half doses of the saline will be repeated every three hours until mild action shall be had.

If, as but seldom happens, tormina should come on again, a full dose of the saline mixture will be given, the hips elevated and the bowel will be flushed by injecting three to five pints of quite warm water. One of the most speedy and efficient adjuncts in the treatment of this complaint, is to give the patient a sitz-bath, as hot as it can be borne. Let the entire abdomen, and if possible, the entire person, be immersed to the chin, for ten to twenty minutes. Several times where patients had lost needed sleep through excessive pain, I have seen them fall asleep in the sitz-bath. Also, the retention of urine which is not very rare in dysentery as a result of tenesmus, will usually be relieved by the prolonged hip-bath, without using the catheter.

When it may be feared that free evacuation of the bowels by the saline may prove too depressing—but which is seldom the case in my experience—the exhibition of the heart-tonics, nitroglycerine and strychnine—preferably sulphate strychnine because of its solubility—will enable the attendant to give the remedy with gratifying results. In such cases if the cutaneous circulation be feeble, the nitroglycerine may be omitted and sulphate atropia, 1–100 to 1–80 grain, given to adults, while to infants the weaker preparation, tincture belladonna is suggested to be given at intervals until slight flushing of the face or a little dryness of the throat shall evidence its physiological action. If the physician should make use of this remedy it would be well to notify some prudent member of the family what to expect. A failure to do this once gave me a long night ride, and unnecessary alarm to the parents of a sick child.

The ipecacuan treatment, so much lauded in both acute and chronic stages, I have tried, but in the acute stage I must record my ill success, though a wider experience with a more

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persistent use might have resulted better. It is extremely difficult to get a patient—unless he is persuaded he is in great danger—to submit to the nausea which almost invariably attends the first 12 to 24 hours ingestion of large doses of ipecac, even when it is preceded by counter-irritants, full doses of opiates and the dorsal position observed. But in harmony with some writers, I have found the ipecac treatment to be the successful one for the few chronic cases that have come under my care.

The methods which I have employed in the chronic stage are briefly these: Thoroughly evacuate the bowels with the soluble sulphate of magnesia before referred to, wash the bowel by copious injections of warm water, semi-narcotize the patient, after which give 12 to 15 grains of ipecac; repeat these doses—opiate diminished if possible—four or five times during the day, allowing the patient to be undisturbed during the night, with another dose of morphia at bed time, if required to give sleep. Such medication, in cases of long standing, will require to be continued from six to eight days to affect a cure. The patient must be in a recumbent position as much as possible, not even raising the head from a low pillow to take food, drink or medicine; the liquids must be very warm or iced and taken quite sparingly. After the first day the stomach will tolerate the ipecac and it will be able to retain and digest sufficient nourishment so that great debility will not result. Always in such cases the rectal speculum should be introduced, blades widely separated, and under a good light the rectum should be carefully examined for ulcers; if found, after cleansing and drying them, freely apply a 95 per cent. solution of carbolic acid, and afterwards coat them with—

℞.—Iodide of lead, three grains; subnitrate of bismuth, half scruple; powdered opium, two grains—mix.

The next day the rectum is to be flushed with warm water, and a suppository similar to the powder, introduced twice daily until no soreness shall be felt.

These observations are made by your reporter as the experience gained in an unusually large number of acute and a few

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cases of chronic dysentery treated in South Alabama during the past eleven years. Impressed at the outset with the preponderance of this ailment, a record of the number was kept for three years, ending May 1884, since which time, except in the spring and summer of 1886, there has been a steady decrease of the disease. During the first three years alluded to, I attended 609 persons ill of dysentery, and since then more than that number, but as no record was kept the latter is a belief.

Of all this number, I have no fatal case to record, except where there was an existing complication of a serious nature. Because of the results obtained, I now attend an acute attack of dysentery with the same confidence of being able to combat it successfully by the course of treatment indicated in this paper, that we all feel in treating an ordinary intermittent fever with the salts of cinchona. Furthermore, I am of the belief that the remedial methods here mentioned, resorted to early, will prevent deep ulceration of the bowel, and chronic dysentery will be rare, provided the type of the disease should not be graver than that which has been under the observation of the writer. The majority of patients affected with dysentery, whom I have attended, were adult males, and in proportion to the population a larger percentage was of the black race. The heavy manual labor in turpentine orchards is principally done by blacks, whose mode of living renders them quite liable to disease. It is among the colored laborers in turpentine orchards that dysentery was formerly seen most frequently, but clearing the timber from the ground and fair drainage about their cabins and perhaps becoming acclimated, have greatly reduced the number of cases occurring during a given time. Much of the land on which these orchards are located is of the kind termed "flat pine woods." Scattered through these woods are to be found small cypress ponds, holding water all the year, except in very dry seasons. The laborers have to work over the entire ground and almost daily are compelled, in the regular line of their work, to stand in water from one to several inches deep during the "chipping"

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season. If their water vessels have been left behind, they unhesitatingly drink from the nearest pond. At night they reach their cabins, most of which are supported on blocks, with the floor but a few inches from the damp ground. After supper many of them, without changing their wet clothing, will lie down to sleep on the floor with only a thin bedding of pine straw. Others, who furnish a large quota of dysenteric patients, are those who "drive" logs and timber on the creeks and rivers. Yet, notwithstanding the unsanitary mode of living of the persons mentioned, and their surroundings, which would seem to point to malarial poison as one factor in this disease, a malarial symptom is rarely recognized and anti-malarial treatment is but seldom required.

I cannot consider dysentery a specific disease, in the sense that a "specific disease is one that is uniformly produced by a definite and peculiar poison or organism." It is not marked by high fever, 104 degrees Fahrenheit being the highest degree ever observed, and the fever, when it occurs, is of short duration, seldom lasting 24 hours, and in not more than 20 per cent. have I noted more than ephemera; nor has there ever come under my observation any evidence that it is either infectious or contagious. I am conscious that I have taken a rather positive stand, in this respect, in the advocacy of what may be termed routine treatment, but I feel justified by my experience.

If we note the facts of a disease as they come under our observation and conscientiously give the results of our work to our co-laborers, we add to the efficiency of our profession, even though we walk in an humble path. As having a bearing on my remarks, I quote from Flint: "The duration of the disease, the relief of symptoms, the rapidity of convalescence, and the subsequent condition of health, are the points to be considered in estimating the influence of remedies in disease." I maintain that the requirements of this quotation are met in the saline evacuant and its allied treatment.

In conclusion, I will say that it is not my contention that I have announced an original or novel method, only that I have

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adopted what appears to me to be a little more system in the administration of remedies than I have seen in medical literature.

Dr. Reuben Henry Dugger.

Dr. Wilkinson's paper on dysentery, has been full of interest to me, and his success in treatment wonderful. During the war we saw a great deal of dysentery. We lost many cases—I would say a great many cases. Statistics will show that this disease decimated the rank and file of both armies, as much really as was lost in some engagements. Of course there were a great many difficulties to obstruct proper treatment, whereas in private practice surroundings are different and success more assured. We have used the salines and the ipecac treatment and again these in conjunction with opiates, but I much prefer the saline treatment.

One of the most troublesome and disagreeable complications or sequences of this disease—and I believe the gentleman did not lay much stress on that point—is that terrible and painful condition, ulceration of the lower bowel, and particularly just within the rectum. In this state of the disease I think we have no better remedy than the use of iodoform suppositories combined with an anodyne. These act charmingly when frequently repeated. Sulpho-carbolate of zinc as an adjunct, in the treatment of this disease, has been highly recommended, and my little experience with it, so far, has been quite satisfactory, as it is mildly astringent, soothing and antiseptic.

Dr. Jacob Huggins.

So much has been said on this subject, that I will only occupy your time for a few moments. I rise merely to give my experience with ipecac as a remedy in dysentery, in response to the request of Dr. Fletcher of Huntsville. My

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experience coincides with that of Dr. Fletcher. I was induced to try the remedy after reading the article on dysentery in Reynolds' System of Medicine, alluded to by Dr. Cochran. I used the remedy in about a half dozen cases, and in every case it produced so much nausea that I had to resort to other means to relieve my patients, the saline and opiate treatment being generally used.

About a year or two ago I saw an article praising in the most extravagant degree arsenite of copper in dysentery and kindred diseases. I tried the remedy in about six cases of dysentery, three of cholera morbus, two of colic and two or three cases of diarrhœa in children, and in every case the results were most satisfactory.

Dr. John E. Purdon

Stated that it was a well known fact that the loss of strength of the British army in India from death and invaliding was to a very great extent due to the ravages of tropical dysentery. He had studied the disease in army hospital on the banks of the Ganges, in Bengal, and also at the Madras Presidency, and he knew from close personal observation and experience that ipecacuanha was the drug par excellence for the successful treatment of the more formidable classes of dysenteric disease. He did not think it necessary, although it was often desirable, to combine opium with that more specific drug. He did not regard the great array of cases successfully treated by Dr. Wilkinson as a record of twelve hundred cases of true dysentery, without a single death! Such a record would approach the impossible in medical practice. The wonder was that in such a large number of cases there was not a certain number of casual deaths occurring from inter-current causes. It spoke volumes in favor of the great practical ability of his friend, Dr. Wilkinson, both as a therapeutist and as a physician, that he was able to make so grand a claim. Dr. Purdon expressed his astonishment that bowel diseases could be so successfully

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treated as was proved to be the case in Alabama, and added that he had learned the saline treatment from his American brethren, a treatment that had proved so beneficial in their hands, and so good an adjunct to the more energetic and more nauseous treatment by ipecaucanha.

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SYNOPSIS OF FIFTEEN CASES OF AMPUTATION AT THE HIP-JOINT.

BY JOHN A. WYETH, M. D., NEW YORK CITY.

Dr. Wyeth gave a synopsis of fifteen cases of amputation at the hip-joint by his "Bloodless Method," with the following classification and result:

SARCOMA OF THE FEMUR AND THIGH.

1. Male, aged 37, operator, Wyeth, recovered.
2. Male, aged 44, operator, Wyeth, recovered.
3. Female, aged 18, operator, Wyeth, recovered.
4. Male, aged 48, operator, McBurney, recovered.
5. Male, aged —, operator, McBurney, recovered.
6. Male, aged —, operator, Hartley, died of shock.
7. Male, aged 58, operator, S. M. Phelps, recovered.
8. Male, aged 28, operator, McCosh, recovered.
9. Male, aged 30, operator, Gaston, died 26th day of sepsis.
10. Female, aged 50, operator, Keen, recovered.

Died, 2; recovered, 8.

OSTEO-MYELITIS.

11. Female, aged 20, operator, Lampshear, recovered.
12. Male, aged 9, operator, Mears, recovered.
13. Male, aged 29, operator, Mollock, recovered.

Recovered, 3.

TRAUMATIC.

14. Male, aged 18, operator, Johnson. Red hot iron divided femoral vein and artery. Gangrene—died of exhaustion.

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15. Male, aged 17, operator, Baxter. Railroad pulpefaction of both lower extremities. Right foot and leg and left hip amputation. Died of shock.

I have operated once since this was read for sarcoma. Result, recovery. In no case has hemorrhage occurred. The operation is bloodless.

Remarks of Dr. J. McFadden Gaston, of Atlanta.

Being invited to open the discussion upon this modification of the hip-joint amputation by Dr. Wyeth, I feel prompted to make some comments upon it, from the fact that I am perhaps the only one present on this occasion who has put the operation to the test of practical application.

Having a patient with an enormous osteo-sarcoma of the left thigh, which encroached upon the hip so much that it was doubtful in what condition the blood vessels would be found, my operation was premised with ligating the external iliac artery just above the pubic bone. An attempt was then made to force the blood from the limb by Esmarch's bandage, and subsequently elevating the entire lower extremity, so as to get the assistance of gravity in returning the blood to the body. The mattress needles were then inserted in the outer and inner aspect of the articulation, and a rubber cord was passed around above the needles, making the tension of the first loop so great as was thought to be requisite to control completely the flow of blood through the vessels of the part. Other loops were then made with like tension, and the ends were knotted to maintain the constriction. It seems worthy of remark that the first coils of the rubber cord shall be drawn tight, as otherwise they may slacken in the shrinkage of the tissues after being divided. At this stage all the vessels were secured with very little loss of blood. In my case, the bony structure was so completely disorganized, that no saw was requisite to sever the former, and the amputation was completed with the knife. I had thought formerly that the place of dividing the bone on

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a plane with the muscles was not conducive to the use of leverage in the disarticulation, and it is observed that Dr. Wyeth now directs that the soft parts be dissected off from the bone below the circular drains of the muscles, so that the bone may be sawed off lower down and afford the requisite lever power in detecting the head of the femur from the acetabulum. But it seems to me that it would be desirable in some cases to retain the lower extremity, with a view to enable the rotation to be effective. In the encroachment of the enlarged trocanter upon the acetabulum, when the soft parts were dissected off, in many cases, it was requisite to use the chisel and bone forceps for detaching the mass by piecemeal. With the forceps and knife the softened head of the bone was removed from the acetabulum. The muscles being turned into this space and the flaps being closed, with the use of two drainage tubes, the stump was enveloped in iodoform gauze and a broad bandage. There was absolutely no trouble from hemorrhage, and I feel satisfied that with this process of using the needles for retaining an elastic cord, all bleeding may be prevented in amputation at the hip-joint.

It is true that my patient died on the twenty-sixth day, after suffering persistently with colliquative diarrhœa, and doubtless in the end from septic contamination. But this fatal result was in no way connected with the immediate consequences of the operation, which illustrates satisfactorily this process of Dr. Wyeth for preventing any waste of blood in hip-joint amputations.

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The next Annual Meeting of the Medical Association of the State of Alabama, will be held in the city of Selma on the third Tuesday in April, 1893, at 12 o'clock noon, continuing four days.

Each county is entitled to send two delegates. The assessment upon the County Societies is ONE DOLLAR for each member, exclusive of Counsellors and Delegates, the former of whom pay A FEE OF TEN DOLLARS and the latter FIVE DOLLARS. Further particulars will be found in the Annual Circular Letter of the Secretary, to be issued March 1st, 1893.

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